CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

FOR

REGISTRAR

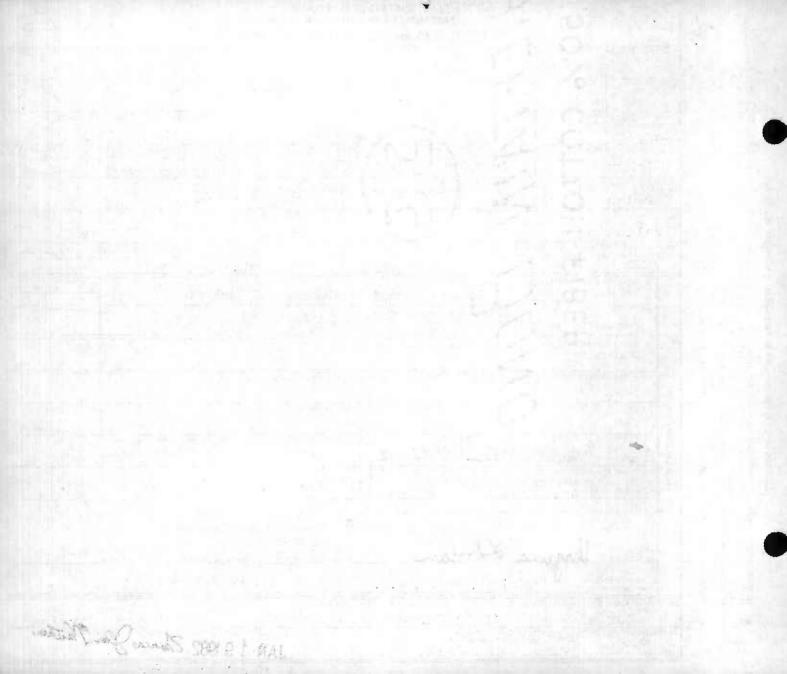
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11.	FOR STATE			DEPART	MENT OF HEALTI	H AND MENTAL H	YGIENE	0 1		3
	REGISTRAR		MEI	DICALI	EXAMINER'S	CERTIFICATE O	FDEATH	REG. NO.	trat Son	
	ECEASED NAM	E FIRST		WIDDLE		LAST	20. DATE K	HTHOM KKINON	DAY YEAR	2b. HOUR
	The Out white	Dolo	res A	Anna	Hab	erka _m		MATED	15 19 82) M
SI	Χ	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS IF UI	NDER 1 YR. IF UNDER	24 HRS. 2c. DATE	HTMOM:	DAY YEA	R 2d HOUR
F	emale	White	2 28	28	53 YRS.	HS DAYS HOURS	MIN. PRONOUNG	ED	15 1982	P. M
	BIRTHPLACE (S		76. CITIZEN OF WH		TDV2	HED TO NEVER MARRI	9. BALTIMO	RE CITY OR COUN		1 1 10
	arylan	а	U.S	2 7		VED DIVORCE		timore Ci	tv	
10. 0	ITY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL NUE	RSING HOME, OR OTH		120. USUAL OCCUPA	ATION (TYPE OF WORK	126 KIND OF	BUSINESS
E	Baltimor	e	Univers	itV H	OSDITAL -	STU	FOR MOST OF WORKI		OR INDUS	
USU	AL RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION, GIV	E RESIDENCE	BEFORE ADMISSION)			or-Crown	Cork	«Seal
	state arylan	d Bal	Ltimore	Diar	ortown	13d. INSIDE CITY LIMITS? YES NO 1	13e. STREET ADDRES	s e Avenue		
_	ATHER'S NAM			Dul	IGGIK	15. MOTHER'S MAIDE	NNAME			
D	Valent		MIDDLE	Beh	LAST	FIRST	MID	DLE	C = -1	
160		D EVER IN U.S. AF	RMED FORCES?		IAL SECURITY NO.	Connie		ADDRESS	Goeb	
	YES, NO, OR UNKN	OWN) (IF YES, GIVE	E WAR OR DATES)	100				500 Bay	side D	
_	No				-24-3580	I John H.H	Haberkam	Balto.		21222
	PART I D	OF DEATH (Enter a EATH WAS CAUSE	nly ane cause per line	far (a), (b)	, and (c).)	Abdomen an	d Mools			SET AND DEATH
	Q 2-		ATE CAUSE (a)			ADDOMEN SI	u Neck			
	Condition	ns, if any, which		AS A CON	SEQUENCE OF					
-	gave r	se ta immediate	e (b)							
	lying car) stating the <u>under</u> use last.	DUE TO, OR	AS A CON	SEQUENCE OF				0.57	
			(c)							
-		IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELA	TEO TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PAR	RT 1 (a),			
CERTIFICATION	W 75			- 54						
CAI	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR V	WHICH OPERATION V	VAS PERFORMED?			20 AUTOPS	
E										NO 🗆
CER	210 EXTERN	AL CAUSE WAS	21b. TIME OF HOUR A.M		DAY VEAR	OW INJURY OCCURRE		RY IN ITEM 18 PART 1 OR PA	ART 2)	
CAL	CONTRIBUTI	OR NG CAUSE OF		1/1	5/ 1982 Se	lf inflicte	ed			
MEDICAL	21d. INJURY		21e PLACE C	ORY FARM ST	(AT HOME, 21f. LC	CATION	CITY OF TOWN	N	CINE YINU	STATE
2	AT WORK	NOT WHILE	29 Home	ORY, FARM, ET	111	7 Wise Ave.	ciryBrian	timore	Md.	SIAIE
			ge of the remains des	cribed abo	ve held on Autor	sy XX Inspection	n . Inquiry	, and in my a	0.000	
	death result		gral causes ,	Accident	, Suicide		Undetermined man		Pillon	
	geam result	eu tram: Nati	, A =	Accident	, Suicide [Undetermined man	iner [],		
	ACTUAL	100	AX TO	alas.		ASSISTANT		DATE	1-16	5-82
	SIGNATURE	TWO THE	VI. 20.	Cano	^	A.D. 7100101011	MEDICAL EXAMI	NER SIGNI	ED	
	EXAMINER'S (TYPE OR PRI	NT) V	rginia L.	Dola	n, M.D.	ADDRESS11	I Penn St	reet		
23a.	(SPECIFY)	TION, REMOVAL			AME OF CEMETERY		23d. LOCATION CITY OR TOWN	COU	INTY	STATE
	Bur	ial	1/19/198	2 Sa	cred Ht.	Of Jesus	Ba	1 timore	Mary	basi
24	FUNERAL DIREC	TOR Duda-	Ruck, In	c.		250. DATE R	REC'D. BY REGISTRAR 1 1 9 1982	256 REGISTRAR	DGNATU 17	New
7	922 Wi	se Aven	ue Dun	dalk	, MD. 21	222 JAN	1 1 9 1982	C. Dennes D		

Items #18a-22a Film G564 2/3/82 rostate of MARYLAND



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9	1 - STATE REGISTRAR		DEP	ARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	TH "	0	1 0 2	7
-	DECEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF DEATH	NO. MONTH DAY	YEAR 2b. HOUI	R
(AA	ETWEORMINTS K	THRYN	5	HALL		JAN 2	82 3:11	A
TAIL	SEX	4. RAC	Œ	S. DATE OF BIRTH	6 AGE (IN YEARS LAS		UNDER I YEAR IF UNDER	24 HRS MIN.
	FEMAL		BLACK		914 67	YRS		10
51	O. BIRTHPLACE (STA	TE OF FOREIGN 76 CIT	IZEN OF WHAT COUN	MARRIED ANEVER MARR	_ / / / /	GOUNTY OF	DEATH	
9	O. CITY OR TOWN O			RSING HOME OR OTHER INSTITUT	ION 120 USUAL OCCUP		12b. KIND OF BUSINE	SS O
115	Balto	G	NOT IN SUGH FACILITY GIVES	maritan/fi	TYPE OF WORK FOR MO	STOF WORKING LIFE)	INDUSTRY	
1526	JSUAL RESIDENCE (1	13b. COUNTY	13c. CAY OR	TOWN 134 INSIDE CITY LI				
Z shou	4. FATHER'S NAME		Da	15 MOTHER'S, MA	VI	iolet A	ve.	
3500	LOUIS	MIDDLE	Beas	ev Eller	Maide Maide	19	LAST	
	60. WAS DECEASED	EVER IN U.S. ARMED F		SECURITY NO. 11 INFORMANT	AD	DRESS	11.1	1
в	NO			Jame	s Itall	250	Viole	TA
papers aval.		DEATH Enter only one	couse per line for (o), (b				APPROXIMATE INTER BETWEEN ONSET AND	DEATH
ever	1/0 /	IMMEDIATE CAL	ISE (0) CARDIO	- RESPIRATORY	ARREST			1
n, or matic	436		UE TO, OR AS A CONS		0111			
trov	Conditions, if	immediate	(b) MASSIV		CVA			
other other	couse (o), underlying		UE TO, OR AS A CONS		MCLO AN			
y, ar	PART 2 OTHER	SIGNIFICANT CONDI	(0)	TO DEATH BUT NOT RELATED TO 1		ONDITION GIVEN	IN PART ITO	
r to b	NO	Previ	IM aus	- 1977 - 1978				
s ony	190 DATE OF O 120. ACCIDENT W	PERATION 1	96 CONDITION FOR WI	HICH OPERATION WAS PERFORME	D 20a AUTOPSY?	20b. IF YES, W	VERE FINDINGS USED NG CAUSES OF DEAT	H?
Aygiene 8 shaw	12-3	V		DING GASTROS]
a 18 s		G CAUSE OF DEATH	16. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	Y OCCURRED (ENTER NATURE OF	INJURY IN ITEM 18 PART	1 OR PART 2)	
He He		Y MEDICAL EXAMINER)	P.M. Ie. PLACE OF INJURY	19 211 LOCATION				
sed or	WHILE T	NOT WHILE [AT HOME STREET FACTORY, OF		CITY O	RTOWN	COUNTY S	TATE
marked	AT WORK	at work	tended the deceased fr	om/VOV 30	81 TAN	2 10	for that (1) (v	we) le
of He 21 is	sow the d	ecepsed plive on	ANI	60) opinion deoth occurred on th	e date and hour o		
ept.	22b. Skall A LUK	we) (did) (did not) view	The body offer deofn.	DEGREE			22c. DATE SIGNED	
Z F	R	lele Ro	EL	ATTEN PHYS	NDING MEDICAL S	STAFF SICIAN X	JAN 2 1	98
IMPORTANT:	22d. PHYSICIAN	Y'S NAME (TYPE OF PRINT)		22e ADDRESS		A		74
POR	ROMI	ILO DEL	LA ROFA	GOOD	SAMARITAN	408717	Ac	
≧	IIn BURIAL SEMAT		DATE	23c NAME OF CEMETERY OF CREM		ν Λ	white 5	STATE
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M 1/81	N FLORERAL DIRECT	08//	11 -100	155 146 CO 1 11	250. DATE REC'D. BY REGISTE		R'S SIGNATURE	

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FOR - STATE

L DECEASED NAME

TYPE OR PRINTS

REGISTRAR

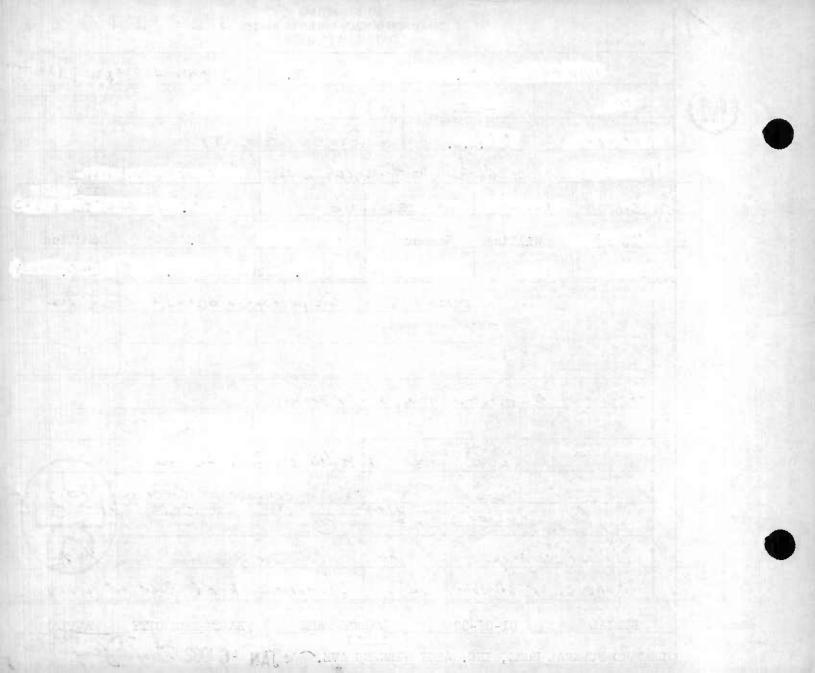
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a DATE OF DEATH MONTH DAY 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS OAYS HOURS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED IX IND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 136 INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME MIDDLE ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE cond that in (my) (our) pinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN [DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY COUNTY BY REGISTRAR 256. BEGISTRAR'S SIGNATUR

BP DHMH - 16 50M 7/77 (VRA 15 (4))

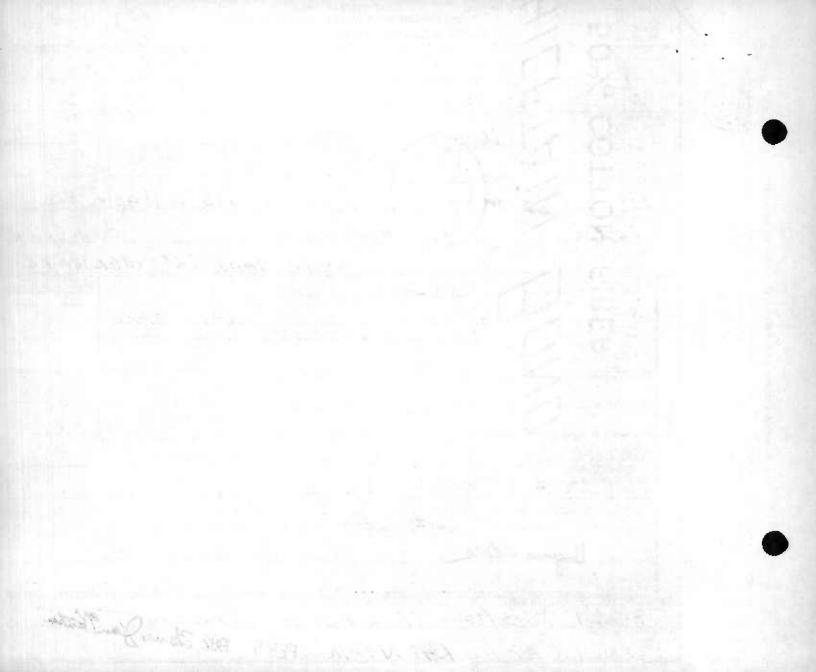
24. FUNERAL DIRECTOR

NAME

APPLICATE OF MARKETS AND MARKETS AND MARKETS A CALL SECTION OF THE MAN TO BE THE STORY OF SELECTION AND ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED ASSESSED. ASPILLE MISMALL - CAMBICATION THE REPORT OF THE PARTY OF THE SHEEL BOOK THE BOOK OF THE SHEET OF THE SHEE



1/1-	edded info g564 2/1 FOR STATE REGISTRAR	DEPARTMENT OF HI	OF MARYLAND EALTH AND MENTAL HYGI R'S CERTIFICATE OF D	W GH W 1	029
	DECEASED NAME FIRST TYPE OR PRINT)	· Charles	Handy	20. DATE KNOWNXX MONTH OF ESTI- DEATH MATED [25 19 82
3. 5	male black ^	2-24-35 LAST BIRTHDAY	MONTHS DAYS HOURS MIN.	PRONOUNCED DEAD	25 1982 7:
35	BIRTHPLACE (STATE OR FOREIGN COUNTRY) CITY OR TOWN OF DEATH		MARRIED NEVER MARRIED [Baltimore	City
0	Baltimore	NAME OF HOSPITAL, NURSING HOME, (JIF NOT IN SUCH FACILITY, GIVE STREET APPRESS) ST. Agnes Hosp	ital	USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12% KIND OF BUSINES OR INDUSTRY
5130	STATE OUR Y	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	YES NO YES	STREET ADDRESS W. MAPI	le Rd
20	ARTRUR	ARMS TRO	15. MOTHER'S MAIDEN NA FIRST ELLA	MIDDLE	PAdiENU
2	I. WAS DECEASED EVER IN U.S. ARMED [YES, NO, OR UNKNOWN] (IF YES, GIVE WAR	PFORCES? ORDATES)	Rufus Hm	dy 1293 dt	wton Rd
Medical Certification		(b) during anesthe DUE TO, OR AS A CONSEQUENCE OF (b) during anesthe DUE TO, OR AS A CONSEQUENCE OF (c) [RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA	sia induction		
IFICATE	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED?		20 AUTOPSY? YES NO
MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR TH P.M. 1/12/19 82	Therapeutic mi	ter nature of injury in ITEM 18 PART 1 OR PA sadventure	
ME	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM EIGH	St. Agnes Hospit		aryland st
30) 2 230	22a. I certily that I took charge all death resulted Iram. Natural c	the remains described above, held an auses , Accident , Suicident		, Inquiry , and in my ap	oinian
-	ACTUAL SIGNATURE MAGNICA	, LDola	M.D. Assistant M	DATE MEDICAL EXAMINER SIGNE	1/25/82
2		/irginia L. Dolan,M.		Penn Street, Balt	imore,MD212
	BURIAL, CREMATION, REMOVAL SPECIFIC BURIAL PROPERTY SERVICES OF THE SERVICES O	130/82 Chus	ch Com	LOCATION CHYPETOWN CHYPETOWN ENGLISH AND STATE OF STATE O	Wife.
	VERNON R. B	Alex BH8 N.	CA/HOUN FEB5	1982 Chances D	



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed within 72 with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

8	1.	FOR STATE REGISTRAR			DEPA	RTMENT OF	EALTH AND MENTAL	HYGIENE	8 2 REG. NO.	0	1 0	3 0
-			WEN	RACE	Louis	HAR Is DATE O	DESTY		JANUARY E (IN YEARS LAST BIRTHDA	1, 2,	1982 under i year	2b. HOUR 45 M UNDER 24 HRS
A)		MALE		W	HITE	**************************************			83	YRS.	NTHS DAYS	HOURS MIN.
×	N	RTHPLACE (STATE ORFO		U. S	WHAT COUNT	WIDOW		<u>a</u> 1	BALTIMORE CITY OR CO	OUNTY O	+4	MD.
of the	W	TY OR TOWN OF DEA		LUTTIE	RAN I	HOSPIT	PL INSTITUTION	TOE	****	MER	TEN	ENT
35	13a. S MA	AL RESIDENCE (IF NURSI STATE ARYLAND	PR • G	Υ	13t. CITY OR 1		13d. INSIDE CITY LIMITS YES NO	S? 13e S	TREET ADDRESS	COUL	XXXXX (I.	SECON
00	14. FA	ATHER'S NAME FIRST	KNOWI	DDIE	LAST		15. MOTHER'S MAIDEN		NOWN		LAS	ī
2		VAS DECEASED EVER		ED FORCES? WAR OR DATES)	213-50	5-9109	RUSSELL D	• HAI	ADDRESTY_R]			COURT MD
rinjury, or amer traumanc event,	TION	Canditions, if any, gave rise to imm couse (o), stating underlying couse	which dedicate the last.	BY: CAUSE (a) DUE TO, O (b) DUE TO, O (c)	R AS A CONSE	rdio P	despirat deation	TERMINALD			I IN PART 1(c	
2 son	CERTIFICATION	19g. DATE OF OPERAT	101	19b. COND	ITION FOR WH	HICH OPERATIO	N WAS PERFORMED				VERE FINDING CAUSES	
9 A A A A A A A A A A A A A A A A A A A	MEDICAL CER	21a. ACCIDENT WAS UNDO OR CONTRIBUTING CC (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHI	AUSE OF DEATH ALEXAMINER) ED	P. 21e. PLACE		DAY YEAR 19	21c. HOW INJURY OCC 211 LOCATION STREET	CURRED (E	NTER NATURE OF INJURY IN	ITEM 18. PART	() OR PART 2)	STATE
III Rem Z I is marl		27a. I certify that (I) saw the decease obave, (I) (iwe) (d	(this haspito d olive an id) (did not)	vie Ing bady	1	1-7	nd that in (my) (our) opin DEGREE ATTENDIN PHYSICIA	IG MEI	DICAL STAFF	,		
PORIAN:		me PHYSICIANS NO	ME ICHNION		bremi	anaw	Luthera: Baltimo:	n Hos	pital Maryland			
<u> </u>		BURIAL, CREMATION, E	RIMOVAL	236. DATE 1/6/8			GTON NAT		LOCATION CITY OR TOWN	Pr.	TAO I)_Md.

-Upper Marlboro, Maryland 20772

CTATE OF MADVIAND

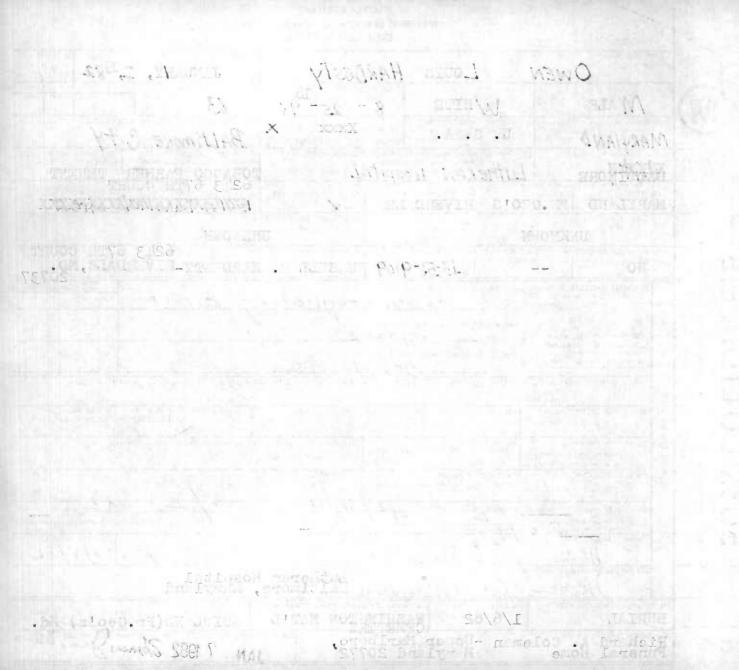
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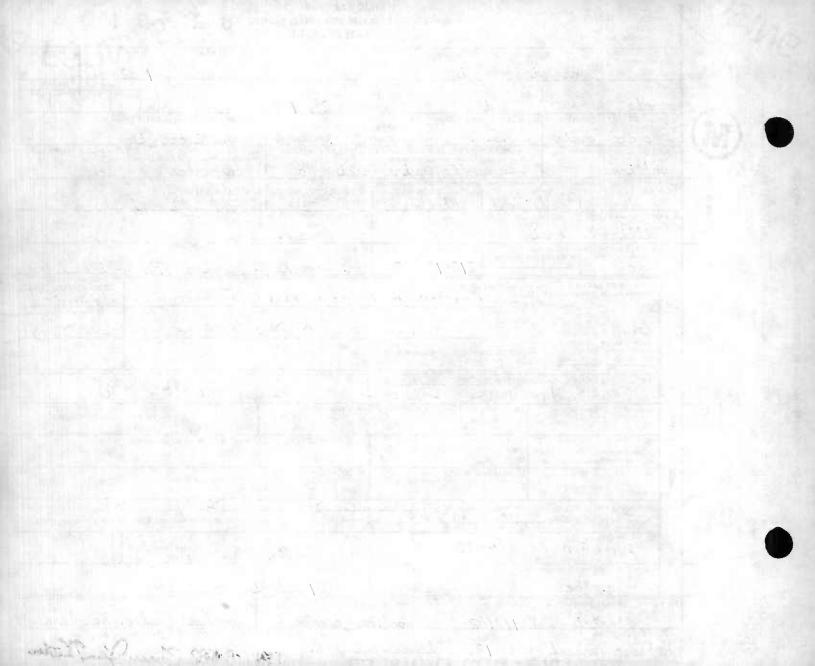
Richard Funeral

A. Coleman Home

TO HOSPITAL OR ATTENDING PHYSICIAN: The

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1 -		ST.	ATE OF MARYLAND		A 1 1 1 1 1 1
1-	FOR STATE		HEALTH AND MENTA	ATA STATE	0 1 0 3 2
1. DE	REGISTRAR ECEASED NAME FIRST	MIDDLE	LAST	REG	NO. NO. YEAR 126 HOUR
(TY	PE OR PRINT)	2 144/	Uardina	20. DATE KNOWN OF ESTI- DEATH MATED	
3. SE			Harding YEARS IF UNDER 1 YR. IF UN		- 1 17 027 M
fo	emale black	MONTH YEAR LAST BIRTH	DAY) MONTHS DAYS HOUR	DER 24 HRS. 2c. DATE PRONOUNCED DEAD	1-14-829 12:38
7n P	INTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	18 _	- 9 BALTIMORE CI	TY OR COUNTY OF DEATH
) A	lorth Carelina	21 < 1	WIDOWED NEVER M	ORCED Baltimo	ro City
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOM	AF OR OTHER INSTITUTION	Darrillo	TYPE OF WORK 126. KIND OF BUSINESS
	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS 318 N. Stricker	Street	Malel - I	OR INDUSTRY
USU 13a. S	STATE 136 COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS Y 13c, CITY OR TOWN	SION) 13d. INSIDE (ITY LIMI		
Y	laryland	13411		1318 M. Stri	cker st
10	ATHER'S NAME	MIDDLE	15. MOTHER'S M	AIDEN NAME	LAST
160.	WAS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIAL SECUR		ie C. Ki	e hayd som
-{	YES, NO, OR UNKNOWN) (IF YES, GIVE V		77/1 Jas. L.	Me Kesson -	3641 Dole tielel 4
	18 CAUSE OF DEATH (Enter only	y ane cause per line far (a), (b), and (c).)	in loca si Ki	1.1216226 M .	APPROXIMATE INTERVAL
	PART I DEATH WAS CAUSED		otic cardiovas	scular disease	BETWEEN ONSET AND DEATH
	4292 IMMEDIA	(DUE TO, OR AS A CONSEQUENCE			
	Canditions, if any, which gave rise to immediate	(b)			
	cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE	OF		
	a transfer of the same of the	(c)			
2	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN	IN PART I van.	
CERTIFICATION	19g. DATE OF OPERATION	196 CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20 AUTOPSY?
FIC			The state of the s		
FR	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
	UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YEATH P.M. 19	AR		
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME.	211 LOCATION		
3	WHILE NOT WHILE T	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
		af the remains described above, held an	Autopsy . Inspi	ection X, Inquiry .	and in my opinion
			ivicide , Hamicide	Undetermined manner	
	10	0 (1.1	10 TITLE (SPECIF		
1	ACTUAL SIGNATURE	waite the you	M.DAssista		SIGN D-15-82
-					3137143
1	(TYPE OR PRINT) Ma	rgarita A. Korell,	M.D. ADDRESS 11	1 Penn Street	
23a.E	BURIAL, CREMATION, REMOVAL 23	b. PATE 23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION Y OR TOWN	COUNTY STAFF
	UNERAL DIRECTOR	11918KUrbut	1250. D.	17 14x Pot 03	MGL.
-	has. H. Powell	F ADDRESS		AN 18 1982	REGISTRAR'S SIGNATURE
	H JWEITH KDI	14 - 319 N. Seh	Localed 21	- 1 JUL Ara	ne farllastle

EPLIST. Marth Carlina "H"= 0 1. to SI - Jalany HEL MANAGER CX -1/28 Buelgrain Micheessen Floring O. Richman Son Lavanzel 23124-7711 das billistrason -3641 Delectiful Burial 1/17 St. Artulus Me 1. Parts Calutus Te rabacidas APIE - 4 Mauchitacide

	1.	FOR - STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND TEALTH AND MENTAL TCATE OF DEATH	. HYGIENE	8 2. REG.	0	10	3 3
9			CO -C		Allen	5. DATE O	Hare DE BIRTH		TE OF DEATH	1-18	Y YEAR 2-82 UNDER I YEAR	315 AM
1		Male		W	hite	MONTI 3		,	61	YRS	DAYS	HOURS MIN.
35	Pe.	IRTHPLACE (STATE OR F COUNTRY) MS V M ITY OR TOWN OF DEA	16	USA 1. NAME OF P	WHAT COUNTRY? HOSPITAL, NURSIN H FACILITY, GIVE STREET	WIDOWE IG HOME (ADDRESS)	OR OTHER INSTITUTION	12a. US	Balti SUAL OCCUPA F WORK FOR MOS	T OF WORKING LIFE	ty	MD. DF BUSINESS OR
35	USU/	AL RESIDENCE (IF NURS	ING HOME OR O		GIVE RESIDENCE BEFORE 136 CITY OR TOW Baltimo:	ADMISSION)	13d. INSIDE CITY LIMIT YES X NO	13e. ST	REET ADDRES 17 Su			ract
W		Omer		are	EAST		FIRST Minn		B.	Yerger	LAS	51
1		VAS DECEASED EVER		ED FORCES? WAR OR DATES!	219 01 4		Michael B	. Hare		Ywin Ma	aple A	venue
	ATION		AS CAUSED IMMEDIATE which mediate ig the last.	BY: CAUSE (a) DUE TO, OF TO,	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE				N IN PART 116	
9	RTIFICA	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a YES	AUTOPSY?			NGS USED S OF DEATH?
9	MEDICAL CES	210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOTIWH WORN AT WOR	CAUSE OF DEATH	P./ 21e PLACE (M. MONTH DA M.	19	216. HOW INJURY OC	CCURRED (EN	TER NATURE OF IN		COUNTY	STATE
1		220. I certify tho Hi saw the decease above, 41. (we) (d 22b. SIGNAPURE 22d. PHYSICAN'S NA	(The hospita ed alive an _ did) (did) AME (TYP) OR P	usud RINI)	offer death.	lu,	22e ADDRESS	NG MEDI DIREC	CAL ST TOR PHYS	AFF		
1	23a B	SURIAL, CREMATION,	REMOVAL	236 DATE	23c N	IAME OF C	EMETERY OR CREMATO	ORY 23d	LOCATION			

DHMH-16:50M 1/81 (VRA 15, 4) Burial 1/21/82 Druid Ridge Co
Purial Home 3631 Falls Road 21211

Pikesville Halton Co. Mo

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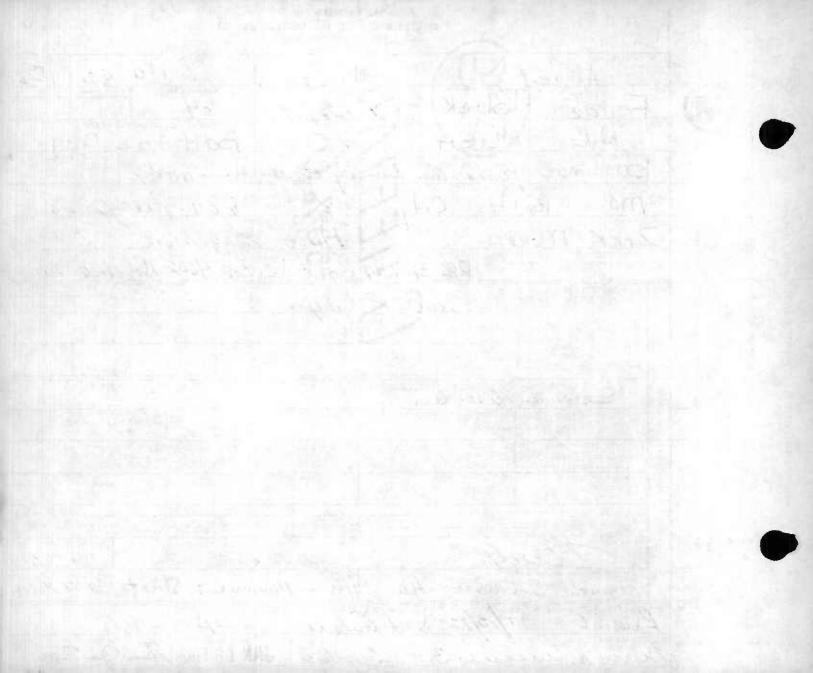
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	3. SEX		4. RACE		5. DATE C			S. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
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	IU CI	TY OR TOWN OF DEATH	11. NAME OF HOSPI			R OTHER INSTITUT	ION	120 USUAL OCCUPATION I TYPE OF WORK FOR MOST OF WORKING LI		F BUSINESS OR
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S = 0 7 7	,			BUTING TO D	EATH BUT	NOT RELATED TO T	THE TERMIN	VAL DISEASE OR CONDITION GIV	VEN IN PART 110	,
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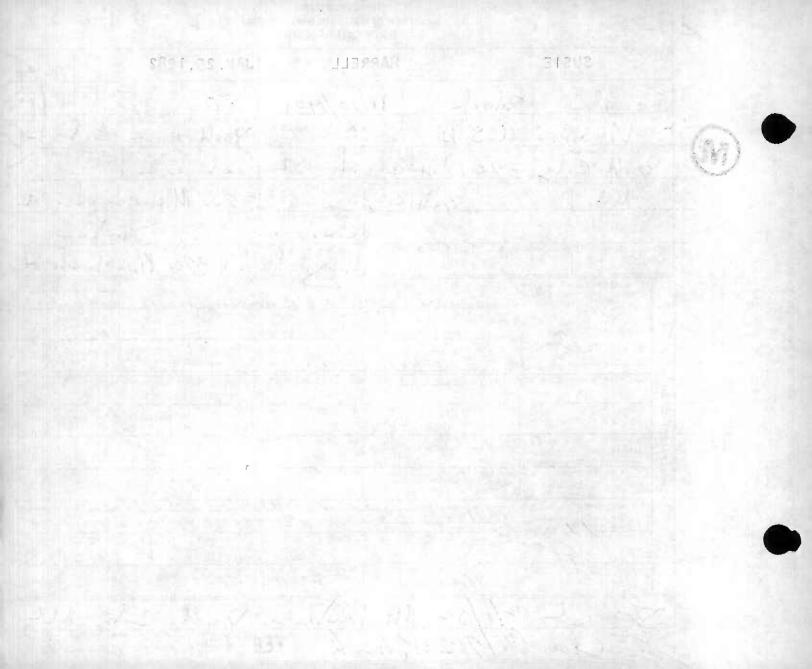
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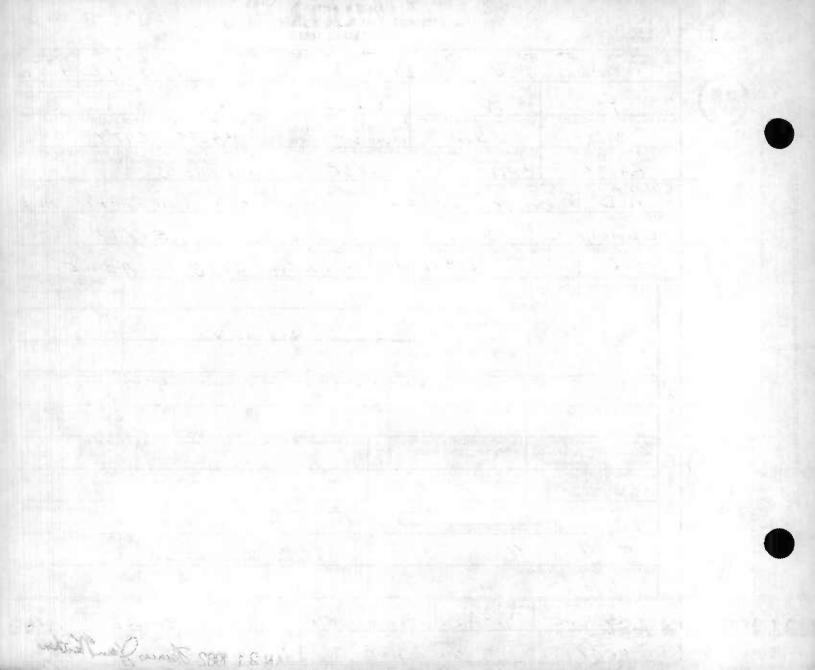
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, BALTIMORE incore be executively by sicion and c	papers. Pa novol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	y ane cause per line to: (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offerding physicion.		CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
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ATTEND Pospital o	ed for use pt. of Heo em 21 is m		220. I certify that (I) (this hospit saw the deceased alive on, abave, (I) (we) (did) (did no) 22b. SIGNATURE	and that in (my) (our) opinion death occurred an the date and hour	and from the causes stoted
HOSPITAL OR ined by the h	be detoch Stote De IANT: If th		220 PHYSICIAN'S NAME (TYPE O	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	1/9/82
TO HOS retoined		23a. B	Reginald O	CROSCEY MD 1235 E. Horum out Street [236. DAJE / [236. NAMBOF CEMETERY OF CREMATORY [236. LOCATION]	- (Dalto HOZIZOZ
70/DHMH-16		11/1	NERAL DIRECTOR	1/13/82 M. Guburd And 1 9 3002 PEGISTARY SB. REGISTARY SB.	RAR'S SIGNATURE
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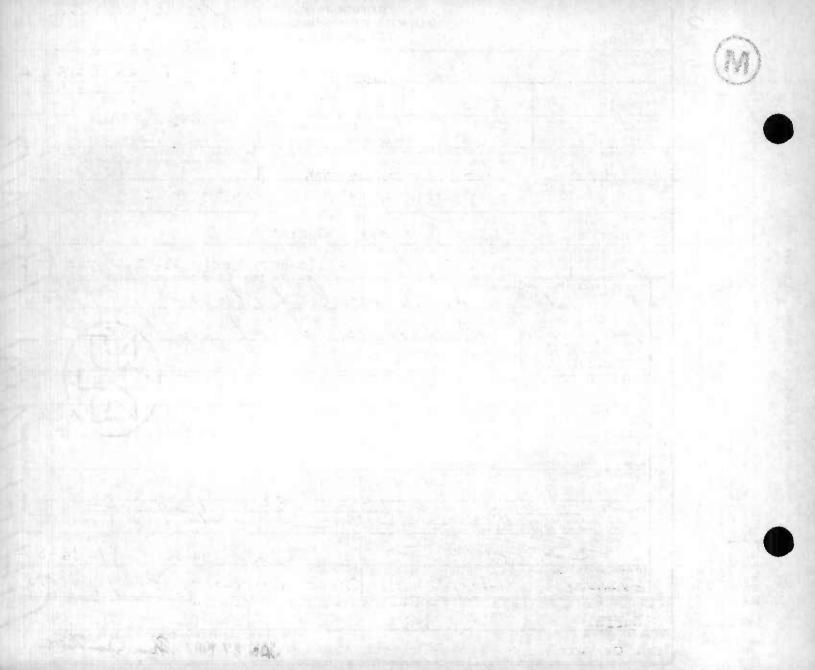
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te Dept. of Hea : If Item 21 is m			22a. I certify that (I) (this hospital saw the decepsed alive on above, (I) (w) (dd.) (dd.) and 22b. SIGNATURE	11.	19 0 L or	d that in (my) (our opinion DEGREE ATTENDING	MEDICAL STAF	te and hour and	P2, that (I) (we) last from the causes stated 2c. DATE SIGNED
with the Stat			22d. PHYSICIAN'S NAME (TYPE ORP	C- HA	ma	22e ADDRESS S7-AS 45	DIRECTOR PHYSIC		1/20/02
» W		13/	URIAL CREMATION, REMOVAL	20/1/8n	- 23c NAM OF C	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	Ch	NEY USINE
M 1/B1		24. FL	HER CORECTOR D	10/11/19	004N/ N/	250	B 4 1982	256 EGISTRANS	SIGNATURE



11/	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.				
5		CEASED NAME OR PRINTS	IGTGN MIDDLE	Dorothy M.	20. DATE OF DEATH	MONTH DAY YEAR	THOUR A
M)	3 SE	× /-	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) FUNDER I YEAR MONTHS DAYS	
	7a. B	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Committee	CITY	M
by the fued within		BALTO.	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTO CITY HOSP		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) WATTRESS		
Ser m	130	AL RESIDENCE HE NURSING HOME OF STATE	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW	N 134. INSIDE CITY LIMITS?	130. STREET ADDRESS	ARGARET	AVI
30	14. F/	CHARLES	MDDLE 5LASS	15. MOTHER'S MAIDEN NA FIRST S-LOREN	CE MIDDLE	EVELT"	ist
She me		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN)	C.111.0.00.0.188.01	RITY NO. 17 INFORMANT 1303 ELENDA	WEBB	A BOI	XIMATE INTERVAL
DIRECTOR: After this certificate has been signed by the attending phe hed for use as the burial-transit permit. Then please remove carbon pacts of Health and Mental Hygiene prior to burial, cremation, or remit fit Item 21 is marked or Item 18 shows any injury, or other traumation.	MEDICAL CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	concepted Ald	MINAL DISEASE OR CON	DITION GIVEN IN PART 1	(a)
		190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	200. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	19 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)	
		214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
		278-1 certify that (I) (this hospital) attended the deceased from					
NT: # L		27% SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN				FF.	E SIGNED
IMPORTANT:		BNCE	Kin Wh	270 ADDRESS	H		
=	23a. (BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	1/ -/-	NAME OF CEMETERY OR CREMATORY OVNIAGN VIEW	23d LOCATION CITY OR TOWN UNION	BRIDGE	STATE
6 25M	24 F	UNERAL DIRECTOR	ADDRESS	25e, DA1	TE REC'D. BY REGISTRAR	250. REGISTAR'S SIGN	Vather .



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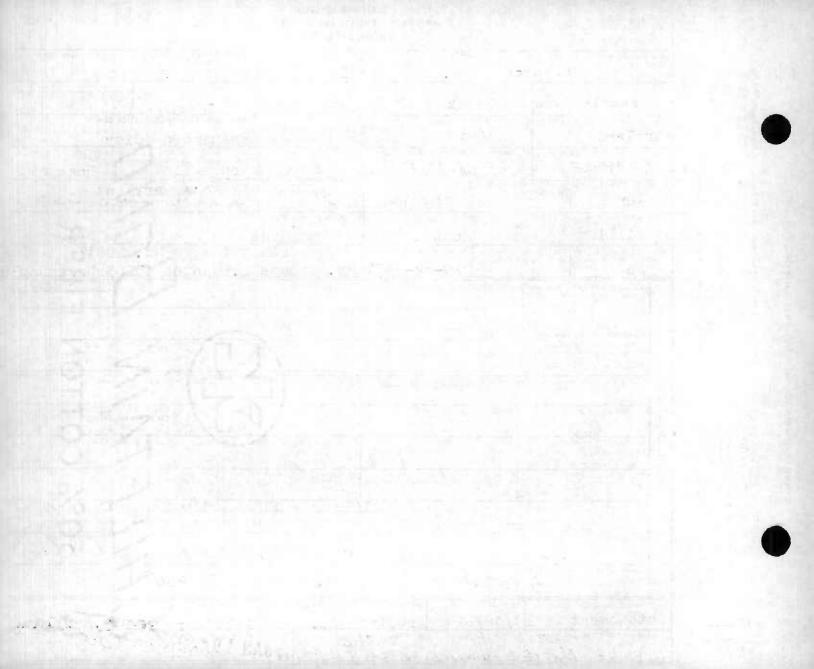


	1.	FOR - STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 6 2	U	U	ung
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Stonce.	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY?	8	D NEVER MARRIED 💂	9. BALTIMORE CITY O		EATH	
notified		ITY OR TOWN OF DEATH Baltimore		JCH FACILITY, GIVE STREET	ADDRESS)	prother institution eral Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Clerk	DN 121 F WORKING LIFE) IN	DUSTRY	BUSINESS O
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exam		John	F.	Harr	is	Maria	Regin	na		rris
licol		WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
medicol		YES, NO OR UNKNOWN) (IF YES, (SIVE WAR OR DATES	217 38	2133	Clarence J	. Harris,	Jr., Ba	alto.	. Md.
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VT: If Item		22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYP	gans	ones		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F	2c. DATE S	-82
should be detoch		C. VERG	ARA -	SOARES		PALT. H	GEN. HOL 1D. 2121			
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OM 2/80 5, 4)	24. F	UNERAL DIRECTOR Henry NAME 15 York Road	y W. Je Balto	enkins & ADDRESS Md.	Sons 2121	Co. 250, DAT	N 1 1 1982	256. REGISTRANS	SIGNATI	Kethen

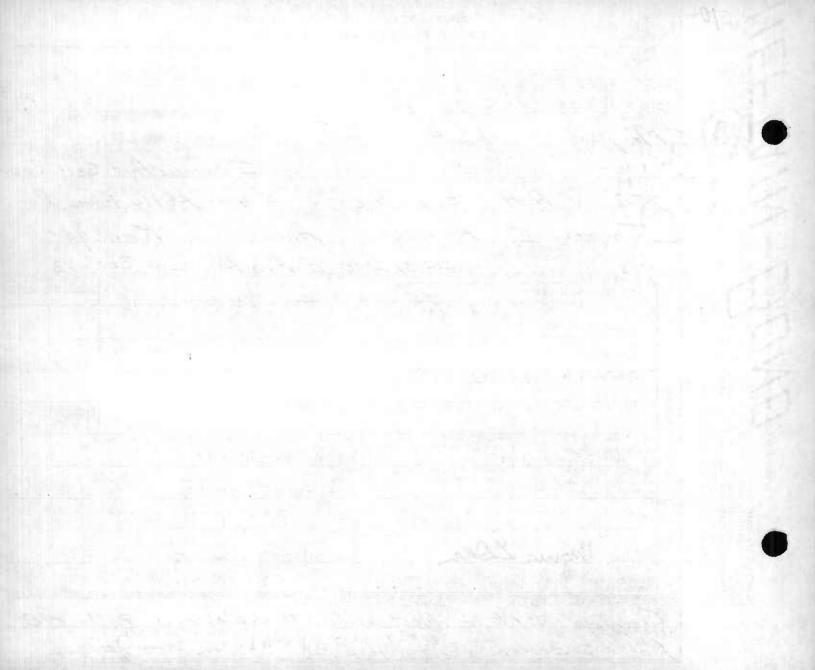
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00	14. F.	William	WIDDIE	Contee	M	15. MOTHER'S	MAIDEN NAM	WIDDLE	TA:	LAST (Fre	
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s any injury, or ather	CERTIFICATION	couse (0), stating the underlying couse lost PART 2 OTHER SIGNIFICAL 19a. DATE OF OPERATION	e (c)	ONTRIBUTING TO D	DEATH BUT			NAL DISEASE OR CONI	20b. IF YES, V	VERE FINDING	GS USED
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em 21 is ma		22a. I certify that (I) (this h sow the deceased all a above, (I) (see) (All) (all 22b. SIGNATURE				1	, 19 <u>81</u> per opinion d	, to, to			
II. If h		(N				MD AT	TENDING L	MEDICAL STAF	F IAN []	1-14	-82
IMPORTANT		22d. PHYSICIAN'S NAME (T	YPLOR PRINT)	x/		22e. ADDRESS		ble 4	us		
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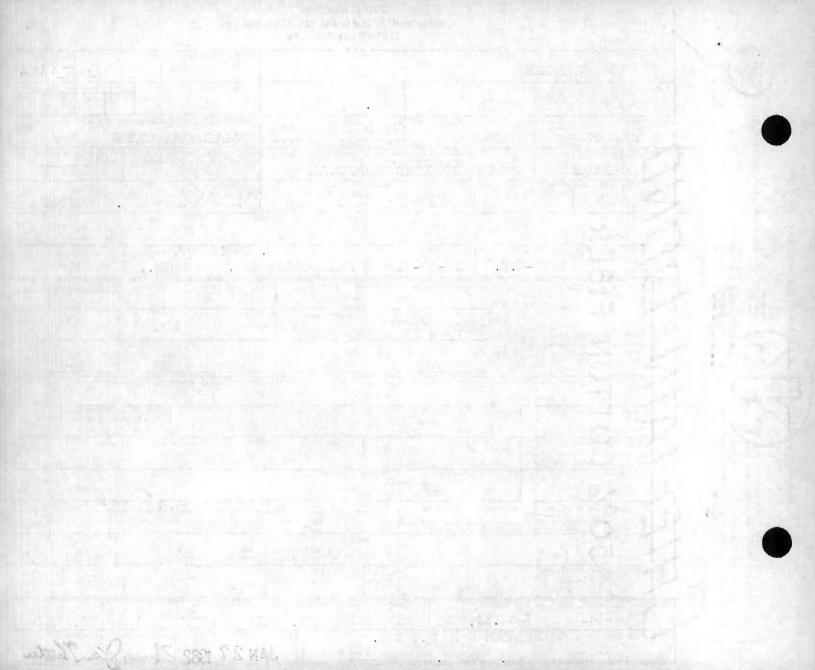
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PLEASY FCTOR FCTOR FCTUES FOUR STREET	3. SE		ugene			DER 1 YR. IF UNDER			MONTH	13 19;	82 M
NOR FI	1		MON.	ITH DAY YEAR LAST	BIRTHDAY) MONTH		MIN. PRON	DUNCED		1.7	YEAR 2d HOUR 12:25
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D. 21201 IF ANY DELAY 2. AND 3 TO TH 3. RETAIN PACES SHOULD B. PH ALRECORDS, 30			G HOME OR OTHER	INSTITUTION, GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET AD	DDECC	7		
21201 AND 3 AND 3 RETAIL		MD. V	7	9. Seiler	or Fork	YES NO A	4/10	26/	1/2/	Firms	Pos-
MD. MD. M. 3. M. 3	14. F.	ATHER'S NAME		1-64-67	C. I vil L.	15. MOTHER'S MAIDE	N NAME	7,0,	/	01770	112
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EXAMINER: CERTIFICATION DINC BE POR DINECTOR: WITH THE WARYLAND,		death resulted from:	Natural caus	ses , Accident ,	Suicide XX	Hamicide .	Undetermine	manner [],		
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SE S	-										
A SHEET STATES	4	(TYPE OR PRINT)	Virgir	nia L. Dolan, 1	M.D.	ADDRESS	11 Penn	Stree	t		
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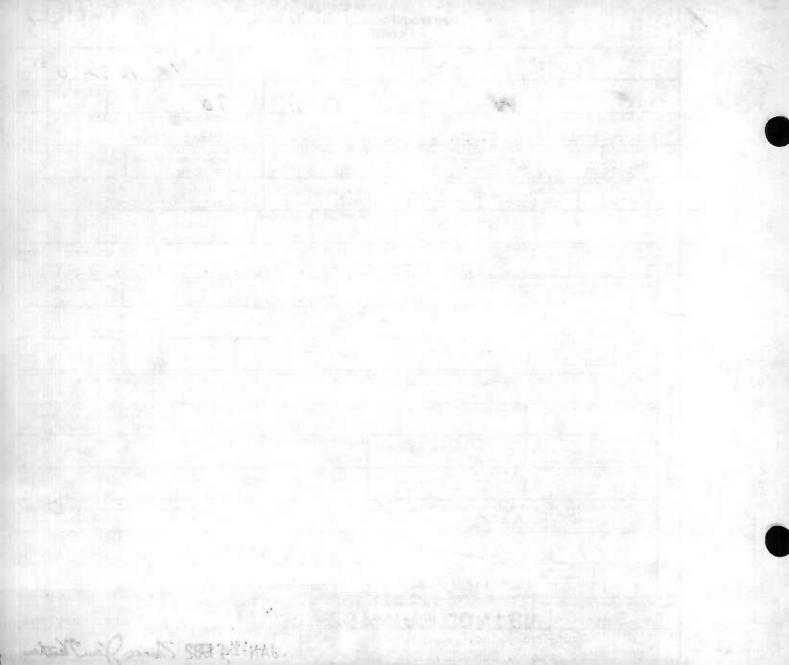


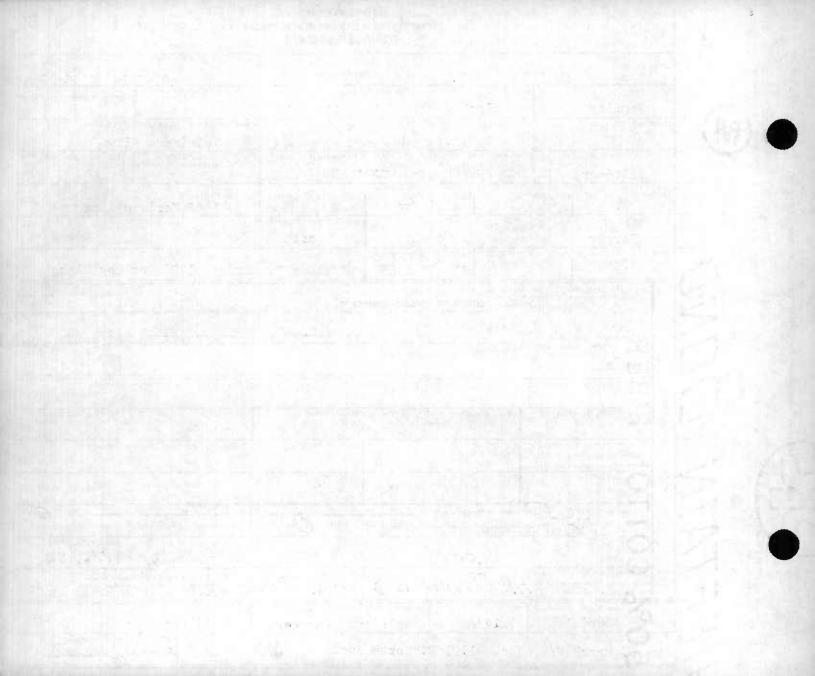
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20 DATE OF DEATH MONTH 1 DECEASED NAME DAY 3 TEARA 2 26 HOUR TYPE OR PRINT) Minnie Blanche Hartung 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAYS IF UNDER LYEAR IS LINDED 24 HDD 02 Female White 9 20 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED Sharps, Va. Baltimore City USA WIDOWED T DIVORCED II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR Dwn Home I IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING HEEP Baltimore General German Aged People's Hm. BALTIMORE, MARYLAND 2120 Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13h COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Md. Balto NOF 209 Atholeate Lane 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE William Z. Meekins Marv 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I I IF YES, GIVE WAR OR DATES) White Stone, Va. 213-09-4475 Mrs. Louise B. Reulino APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY PRESTON ST., IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF COKONARY ATHEROSCLEROSIS Conditions, if ony, which gove rise to immediate couse lo!, stoting DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOL YES [NO [21h TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIEY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (the hospital) attended the deceased from 28 ______ and that in (my) (compopinion death accurred on the date and hour and from the couses stated saw the deceased alive on. ew the body ofter death 22b. SIGNAT DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN ORTANT: 22d. PHYSICIAN'S NAME ITYPE OR PRINT) 22e ADDRESS ld b 2/207 OAK ASHMAN LEON 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE I SPECIFY Burial Parkwood Cemetery Baltimore Md 25a. DATE REC'D. BY REGISTRANDA REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Witzke P.A. DHMH - 16 50M 1/76 (VR A 15 (4)) 1630 Edmondson Avenue, Catonsville, Md. 2122

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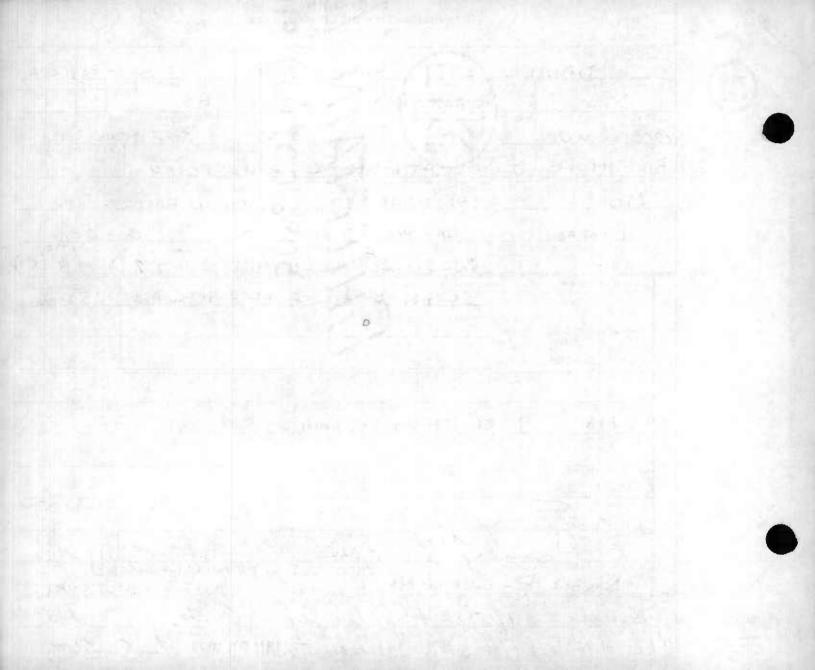
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO . DECEASED NAME a. DATE KNOWN 26. HOUR (TYPE OR PRINT) OF ESTI-Victor Haw Ry lenko DEATH MATED 19 82 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 24 HOUR IF UNDER 24 HRS 2c. DATE MONTH DAY LAST BIRTHDAY) PRONOUNCED 1982 male white 9 2 55 26 DEAD DAGE 5 FOR Y 70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED FOREIGN COUNTRY) Baltimore Maryland USA City WIDOWED DIVORCED ES 1, 2, AND 3 TO THE FUR PM 3. RETAIN PAGE ND 2 SHOULD BE FILED VITAL RECORDS, 201 WH 126. KIND OF BUSINESS OR INDUSTRY LOWY Glass 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK NOT IN SUCH FACILITY, GIVE STREET ADDRESS
Baltimore City I FOR MOST OF WORKING LIFE)
Draftsman Baltimroe Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1405 Broening Highway 30. STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore YESX Maryland NO F 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GIVE PAGES 1, FE MEDICAL EXAMINER ALONG WITH FORM PM, ED AS A BURIAL TRANSIT PERMIT, PAGES I AND HEALTH AND MENTAL HYGIENE, DIVISION OF YITH INC. OF REMOVAL. MIDDLE MIDDLE Kosadok Maria Hawry lenko George 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Anna M. Hawrylenko 1405 Broening Highway no CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute ethanol intoxication IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF EXECUTED lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) Arteriosclerotic Cardiovascular disease CERTIFICATION 19g, DATE OF OPERATION USED / 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTMORE, MARYLAND, 21201 PRIOR TO BURIAL. YES V NO [71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE COUNTY STATE NOT WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry SHOULD BE death resulted from Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 1/1/82 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard.M.D. ADDRESS 111 Penn Street. Balto. MD 21201 (TYPE OR PRINT) 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Mary land Baltimore 1/5/82 Oak Lawn Burial 24 FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** ADD 1005 Dundalk Avenue Walter Dabrowski (VR A15 ME (5) 15M 2/80

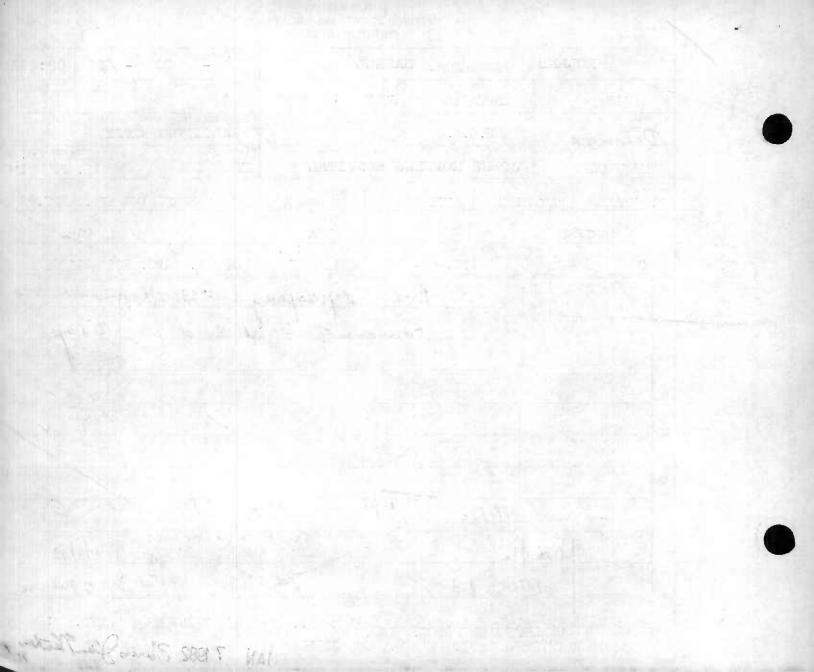
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TAL OR ATTEND y the hospital or AL DIECTOR. A detoched for use tore Dept. of Heal NT. If them 21 is m		220.1 certify that (1) (this hosp saw the deceased alive an obove, (1) (we) (did) (did no 22b. SIGNATURE)	1/16	10 84	nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [death accurred on the di	F_	_	
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2 € 2 € § ₹ ₹		BURIAL, CREMATION, REMOVAL BECIFY) BURIAL A C	23b. DATE 0/8		CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN GLENBUR	PIE, Å,	DUNTY	STATE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME MIDDLE LAST 28 DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTS FAYE M HEMP 82 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR "68 22 White Female BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia Baltimore City USA WIDOWED DIVORCED [O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR FNOT IN SUCH FACILITY, GIVE STREET ADDRESS)
St. Agnes Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY, Baltimore SUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

136. STATE

136. OUNTY

Baltimore

137. CITY OR TOWN

Arbutus 13a. STATE 13. SIREEI ADDRESS 5001 Westland Blvd. 1136 INSIDE CITY LIMITS? 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Florence Unknown Unknown Pearson 166 SOCIAL SECURITY NO 17 INFORMANT A908 Jamieson Rd. Mr. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr. L. Brenton Hemp Lutherville, Md.21093 214-03-4438 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CIVCULATORG SHOCK DUE TO OR AS A CONSEQUENCE OF SEDTICAEMIA Conditions, if ony, which b) gram-NESATIVE gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. ORTHA DNEUMONIA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 LIVER DISCASE 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT NO T 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY STATE CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. 19 P L, and that in (my) (por) apinian death accurred an the date and hour and from the causes stated saw the deceased alive an above, (1) (we) (did) (did not) view the bady after death 226. SIGNATHE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL. PHYSICIAN DIRECTOR PHYSICIAN Z MPORTANI FUNER old be d h the Sto 22d. PHYSICIAN'S MAME LAYPE OR PRINT 22e. ADDRESS HOSPITAL BRNELIS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION ISPECIFY) COUNTY Baltimire Lorraine Mausoleum Burial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR STONATURE Witzke P.A. 24. FUNERAL DIRECTOR DHMH-16 30M 2/80 1630 Edmondson Avenue, Catonsville, Md. 21228 (VRA 15, 4)

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	lliam H.		. M.D.	9	300 Ridgely	Road			
1117		- 40 02119	,		1				

23c. NAME OF CEMETERY OR CREMATORY

Moreland Park

DHMH - 16 50M 1/81 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL ISPECIFY)

Burial

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. 5305 Harford Road 2214

1-19-1982

23b. DATE

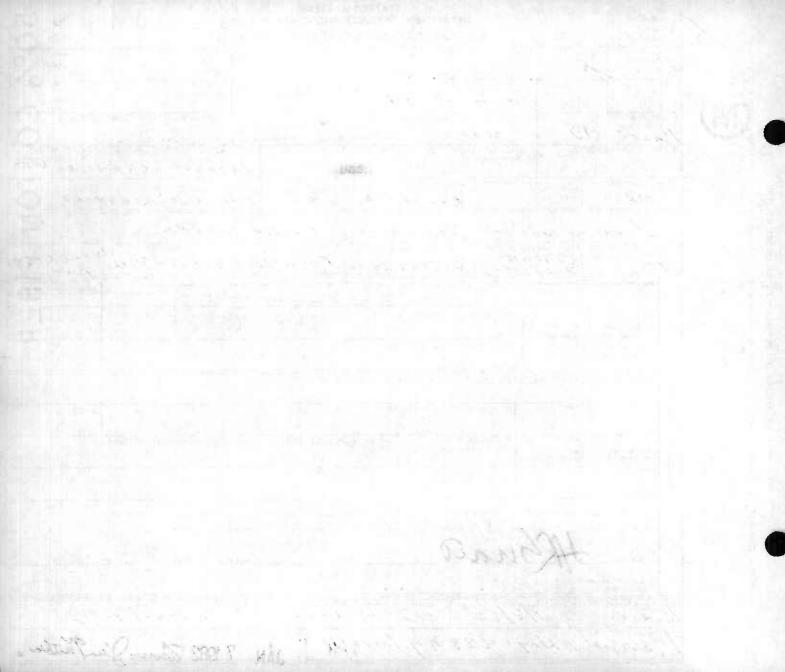
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20. DATE KNOWNX (TYPE OR PRINT) OF ESTI-DEATH MATED 1982 Henderson John Henson Jr 3. SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR | IF LINDER 24 HRS YEAR 2d HOUR 2c. DATE LAST BIRTHDAY) YEAR PRONOUNCED 7 male black DEAD 1082 1 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 21/30 WIDOWED DIVORCED MAD OF BUSINESS 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY KS Baltimore Woodridge 11246 Road USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 3711 WOODKIDGE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 5AGTIMER 6 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME allie GREEN ONIN W MANSON 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO (YES. NO, OR UNKNOWN) (IEYES, GIVE WAR OR DAYES) 215-22-3942 402 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Hypertensive cardiovascular disease MENTAL HYGIEN N. OR REMOVAL IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION USED AS DED TO THE CHIEF AS SHOULD BE USED. DEPARTMENT OF HE 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURI YES [] NO LYV 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL PRIOR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (ATHOME. II LOCATION 21d. INJURY OCCURRED WARDED STREET, FACTORY, FARM, ETC.) STREET PAGE 3 TATE DI 21201 I CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: TY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY ATER DEATH, WITH THE STY, BALLIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinion deoth resulted from Undetermined manner Homicide _____ TITLE (SPECIFY) ACTUAL CCICTANT_MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Guard, M.D. 111 Penn Street, Balto, MD Hormez (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATU **DHMH - 17** (VR A15 ME (5))

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NG NG the	morked		AT WORK NOT WHILE AT WORK									
00	leol s m		220.1 certify that (1) (this hospital	al) attended the deceo	12.5	1-1		, to	1-1			hat (I) (we) last
TTEN	of h		sow the deceased alive on_ abave, (1) (we) (did) (did not)	view the bady after de	19.00)	, ond that in (r	my) (aur) apınian	death occurred	an the date a	nd hour one	d from the c	ouses stated
OR AT DIRECT	Dept. f Item		22b. SIGNATURE			DEGREE					22c. DATE S	IGNED
	- m	10	Magld	ansen	,	in. D.	ATTENDING PHYSICIAN	MEDICAL	STAFF		1-	5-82
- Q - G	S		22d. PHY CIAN'S NAME (TYPE OR	PRINT)		22e ADD		ecce	Horn	Land	0	
HOS In Part of the	with the State		PATRICIA	L. Stel	ANDA	30	1 St.	Dal 1	DA	IL.	0.	1/201-
0 to	3 ×	230 0	URIAL, CREMATION, REMOVAL	23b. DATE		OF CEMETERY C	DR CREMATORY	123d LOCA	TION	/ 4	-	707
0 1 00	2 10	1	PECIFY)	1-7-82				CITY	RTOWN	co	UNTY	STATE
306BP_		24 51	PEMATION NERAL DIRECTOR	1 1 00	Cike	EUMOU	Tor- Day	'SA		50.50		20
DHMH - 16 50 (VRA 15,			NAME		ADDRESS		JAT	129	STRATE TO BE	REGIS RAR	& SIGNOTO	then
(**************************************		m	MUHEL-WIE	DEFELD b	200 10	KROZI	212			0		

JAN 12 1982 Blood Day Thoras

	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		
I. DE	CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	TH DAY YEAR 26. HOUR
(TYP	E OR PRINT) GIRU		416-61NS B"	/	-1-82 2 x
3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24)
	Female	W	MONTH DAY YEAR	0	YRS.
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	Th CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR CO	
	pud.	W.J.	WIDOWED DIVORCED	Balti	more City
37 10 0	ROTTONN OF DEATH	NAME OF HOSPITAL, NURSIN		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	RKING LIFE) 126. KIND OF RUSINESS INDUSTRY
3 USU 13e.	AL RESIDENCE (IF NURS	THER INSTITUTION GIVE RESPONCE BEFOR	VN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	CO CA
	ATHER'S NAME		YES NO I	33/0	cem 11
1		AIDDLE // CAST	FIRST	MIDDLE	LAST LAST
160.1	WAS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIALISECU	JRITY NO. 17 INFORMANT	ADDRESS	right
		WAR OR DATES)	JKIT 140.	ADDITESS	UU
					APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A CONSEQU	sheme &	mater	rity
	couse (0), stoting the underlying couse lost	DUE TO, OR AS A CONSEOU	ENCE OF		
z	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to</u>	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PART 110
N N N N N N N N N N N N N N N N N N N	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		. IF YES, WERE FINDINGS USED
7				YES NO	CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
	2)a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCURR		CERTIFYING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. MONTH D.	AY YEAR 19	YES NO	CERTIFYING CAUSES OF DEATH?
MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	TH HOUR A.M. MONTH D.	19 21f LOCATION	YES NO	CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJÜRY (AT HOME STREET FACTORY, OFFICE, I	19 21f LOCATION	YES NO	CERTIFYING CAUSES OF DEATH? YES NO TEM 18 PART FOR PART ?) COUNTY STATE
	OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AL WORK 22a.1 certify that (1) (this hospith sow the deceased alive on	HOUR A.M. MONTH D. P.M. 11e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, I	AY YEAR 19 211 LOCATION STREET	YES NO CENTER NATURE OF INJURY IN I	CERTIFYING CAUSES OF DEATH? YES NO TEM 18 PART FOR PART?) COUNTY STATE 19 , thor (f) (we)
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	OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AL WORK 22a.1 certify that (1) (this hospith sow the deceased alive on	HOUR A.M. MONTH D. P.M. 11e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, I	AY YEAR 19 21f LOCATION STREET , 19 22, and that in (my) (our) opinion of DEGREE	YES NO CITY OR TOWN CITY OR TOWN death occurred on the date o	CERTIFYING CAUSES OF DEATH? YES NO
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	OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE ALWORK NOT WHILE ALWORK 220.1 certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did not 22b. SIGNATURE	HOUR A.M. MONTH D. P.M. 11e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, I) ol) ottended the deceosed from view the body ofter death.	FARM, EIC.) 211 LOCATION STREET 19 214 LOCATION STREET 19 DEGREE ATTENDING PHYSICIAN 22e ADDRESS	YES NO CITY OR TOWN CITY OR TOWN death occurred on the date o	CERTIFYING CAUSES OF DEATH? YES NO
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MEDICAL MEDICAL	OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27a.l certify that (I) (this hospith sow the deceased alive on above, (I) (we) (did) (did not) 27b. SIGNATURE 27d. PHYSTAN'S NAME (TYPE OR PATRICLA	H HOUR A.M. MONTH D. P.M. 11e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, I) ol) ottended the deceosed from view the body ofter death. PRINT) L. SALDA	AY YEAR 19 211 LOCATION STREET , 19 21 LOCATION STREET DEGREE DEGREE M. D. ATTENDING PHYSICIAN 22e ADDRESS 301 STREET 27e ADDRESS	YES NO NED CENTER NATURE OF INJURY IN I	CERTIFYING CAUSES OF DEATH? YES NO

EV HIS TO THE THE THE PARTY OF JAN I 2 1982 Three Jan March

Hunt't Funeral Home, Waldorf, Maryland

DHMH - 16 50M 1/B1

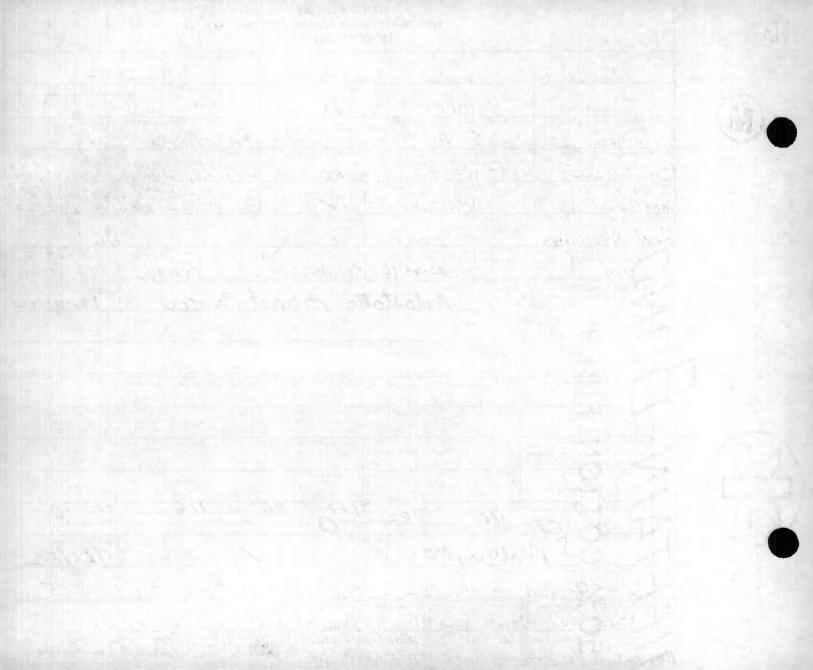
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Purion 1-11-02 Letter Will Der. Bultland, C.B., Maryland UMAN L. Cod. of the Cod.

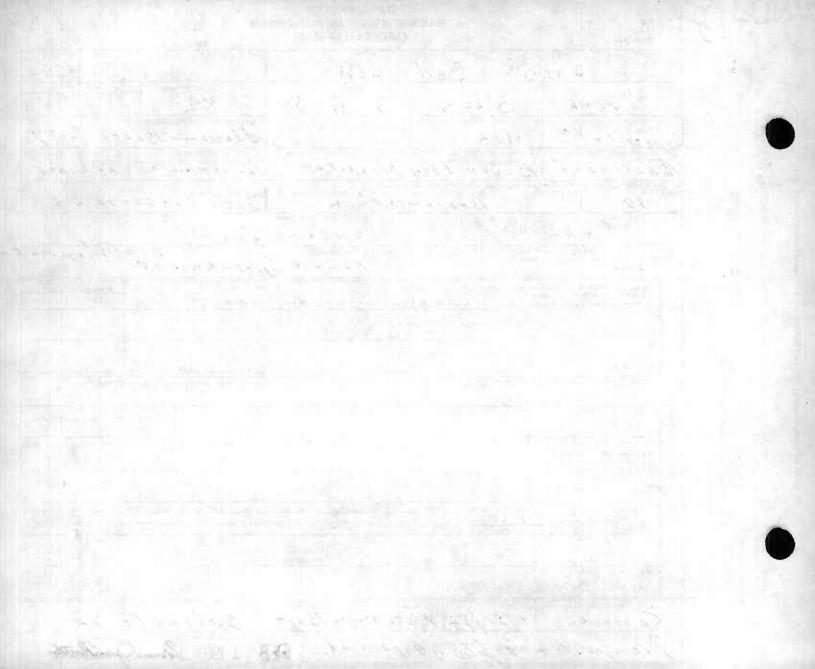
	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		01009
	1. DE	CEASED NAME FIRST	WIDDLE	LAST	REG. N	MONTH DAY YEAR 26 HOUR
25	(TYP	E OR PRINTS	1	11.11.6.		1 25 82 "
96	3. SE	Lredrick x	4. RACE	141 Ldebrand 15. DATE OF BIRTH	6. AGE (IN YEARS LAST B	
	0.00	Tampur	Plack	MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
- 10	7a D	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	5 28 1922		OR COUNTY OF DEATH
210	7	COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	DALTIMORE CITY	OR COUNTY OF DEATH
8/1	_	+SHINGTON, D.C.	N. S. N.	WIDOWED DIVORCED	DAUTIM	TORE CITY MD.
	10.0	ITY OR TOWN OF DEATH	(IF NOT IN SUCH EACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION ET ADDRESS)	IZE USUAL OCCUPAT	FION 12b. KIND OF BUSINESS OR OF WORKING LIFE) INDUSTRY
15	101	4LTIMORE	4937 WESTH	ILL KOAD	Ket Scho	101 Teachen BACTO City
S p		AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFO		13 STREET ADDRESS	4937 WESTKIII. R.J.
3	MI	ARYLAND	BALTIM		BACTIMOR	
all e	14 F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	/
ox C	Ro	W. Amoustos	1 p 11/	16 Emma	WIDDLE	Davis
				CURITY NO. 17 INFORMANT R	ALTU. ADDI	RESS Md. 2/229 10
medicol		YES, NO OR UNKNOWN) (IF YES,	579-20-6	510 KAY WOLTER	1 1111	brand 4937 Westill
-		18 CALISE OF DEATH (Enter	anly ane cause per line for (a), (b), a		A. THOU	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ent,		PART I. DEATH WAS CAU	SED BY:	attatio Bus	A Caren	BETWEEN ONSET AND DEATH
cev	18	1749 IMMEDI	IATE CAUSE (o)	aroue man	or carice	r ragues
mon	10	/ / /	DUE TO, OR AS A CONSEOU	JENCE OF		
trou		Conditions, if any, which gove rise to immediate	(b)			
other		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOR	JENCE OF		
0 0			(c)			
njury,	NO	PART 2. OTHER SIGNIFICAN	t conditions <u>contributing to</u>	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COM	NDITION GIVEN IN PART 1(a)
V Ou	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
18 shows	E				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
£ +	ER	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121c. HOW INJURY OCCU		URY IN ITEM 18 PART 1 OR PART 2)
80		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	(5.115111111111111111111111111111111111	
Them 1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	P.M. 21e PLACE OF INJURY	21f. LOCATION		
io pa	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC) STREET	CITY OR T	OWN COUNTY STATE
morked		AT WORK - AT WORK		3/12	- 11	4.3
. 40	14.	22a.1 certify that (1) (this has	spital) attended the deceased fram	82 7/72 19 80	(, 19 that (Nwe) lost
,21		above, (1) we) (did) (did	ot) view the body after death.	and that in (my) (aur) apinion	n death accurred on the o	date and hour and from the couses stated
Hen		226. SIGNATURE	. 1	DEGREE		22c. DATE SIGNED
#	100	0	ruhu, mo	ATTENDING PHYSICIAN	DIRECTOR PHYS	
Z T		22d. PHYSICIAN'S NAME (TYP		22e ADDRESS	7 1011	
MPORTAN	-	DO SHOLD	on Milno	e Ald Count	Prot. Blogs	SINITE 105
IMPORTAN	23a.	BURIAL, CREMATION, REMOV.	AL 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION	201116 100
		(SPECIFY) BURLAL	1-29-87 1.	noulis Manical Da	CITY OR TOWN	GTON, D.C. STATE
(0)	24 F	UNERAL DIRECTOR RANGE	MADAE	MANUANDA 21216 250 DA		RI25b_REGISTRAR'S SIGNATURE
/81	111	NAME OFFET	ADDRESS	MINIO CITTO LIZZO	AN 97 1982	May Can Martha
	TP.	reent E. Nutte	A FUNEARL HOME 303	13 W. NORTH AVE.	THE WILLIAM	



	1-	FOR STATE REGISTRAR	DEPARTMENT C	TATE OF MARYLAND OF HEALTH AND MENTAL HYO TIFICATE OF DEATH	GIENE 8 2	01070
(M)		CEASED NAME FIRST BABY BO	Y 'A' ISAAC M. H	I L L	JANUARY	9 1982 7:40 PM
ge 4 ector rs of	3. SE	MALE	. RACE S. DA	TE OF BIRTH ONTH DAY YEAR 2 30 81	6. AGE (IN YEARS LAST BIRTHDAY)	H UNDER 1 YEAR IF UNDER 24 HRS
death. Pour	P	RTHPLACE (STATE OR FOREIGN 78 COUNTRY)		RRIED NEVER MARRIED DE	9. BALTIMORE CITY OR COUL	NTY OF DEATH
rs after deal by the funer filed within 7	-	BALTO	I. NAME OF HOSPITAL, NURSING HOA (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	ME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
24 hour filled in ould be must be	USU, 13a. S	AL RESIDENCE (IF MURSIME - MED OF	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSI	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	093
ompletely ond 2 sh		MARTY	IDDLE H', I		ANN MIDDLE V	VAITERS
be execution and co		VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES) NONE		Hill P.O.Bor 2	093 SAlisbury, Md
NG PHYSICIAN: The low requires that the death certificate oftending physicion. Ifter this certificate has been signed by the attending physici as the burial-transit permit. Then please remove corban paper th and Mental Hygiene prior to burial, cremotion, or removal. orked or them 18 shows any injury, or other troumatic event, the	NO	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE O (c) ONDITIONS CONTRIBUTING TO DEATH	TORY DISTR	AINAL DISEASE OR CONDITION	
The low rection. cion. te hos been sist permit. I gene prior t	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
physical History of Hysical Hy	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)		216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
PHY this the b nd A	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Z 2 8 2 ± %		220.1 certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did not)	19	., and that in (my) (our) opinion	, to deoth occurred on the date and	, 19 , that (I) (we) lost hour and from the couses stated
AL OR the hold all DIRE letoche wite Deprive Deprive T: If Her		But 7.	Morton 1	DEGREE M. D ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	JAN 10 198
O HOSPITAL etoined by the TO FUNERAL should be det with the Stote		BERT F.	MORTON		AVE. BALTIMO	ORE MD 21229
BP	E	SPECIFY)	1-13-82 KiN		Partown City or town	N COUNTY METHER
DHMH-16 30M 2/80 (VRA 15, 4)	JA	S. A. M& RTON 1	Sons 1701 LAU.	RENS 250. DA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SISTE AND MATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2ª DATE OF DEATH MONTH YEAR 7h HOUR LIYPE OR PRINTS 3 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH VEAR 00 TO BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | COUNTRY) USSER CO WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY AF HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY U. CITY OR TOWN 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS ETINGUALE YES NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST CHERRY SONOS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic. PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED urial-transit perm Mental Hygiene IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from 8 2 , that (1) (we) lost sow the deceased alive on. , and that in (my) (our) opinion death occurred on the date and have and from the couses stated above (1) (wey did) (did not) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN ☐ DIRECTOR ☐ PHYSICIAN ☐ 22d. PHYSICIAN'S NAME (TYPE OF PRINT) uld be on the S 22e ADDRESS FUN DOMBROWSKI CITY HOSPITALS with Oto Sho 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 560 REGISTRAR 25h REGISTRAR'S SIGNATURE **DHMH-16 25M** (VRA 15, 4) 1/79



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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ond completely filled in by the funeral director Pages I and 2 should be filed within 72 hours aft

an papers. Pages

njury, ar ather traumatic event, th

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

should be detached for use as the burial-transit permit. Then plea with the State Dept. of Health and Mental Hygiene prior ta burial, IMPORTANT: If Item 21 is marked or Item 18 shows any

Burial

within 24 hours ofter death. Page 4

FOR - STATE CEDTIEIC ATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CLKIIII	CAIL OI DEATH	REG. NO	O.		
. DECEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
(TYPE OR PRINT) Matti	e	Н	older	.la	nuary	30,1182	9:03A M
3. SEX	4. RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
Female	Black	8 ONTH	21°AY 08EAR	73	YRS	MONTHS DAYS	HOURS MIN.
O BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	DEVER MARRIED DE DIVORCED	9. BALTIMORE CITY OR COUNTY OF			MD
Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Maryland Gene	(ADDRESS)		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O			OF BUSINESS OR
USUAL RESIDENCE (# NURSING HOME O 13a. STATE 13b. COU MD		VN I	YES 🔀 NO 🗌	130. STREET ADDRESS 1702 Ru	tland	l Ave.	
4. FATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA/	MIDDLE		LAS	
Tom	Love		Rebecc	a		Yate	S
60. WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRE	SS	Hart FA	
No (TES. NO OR UNKNOWN)	226-20-	-0336	Susie Jeff	erson 170	2 Rut	land A	Ave.
18 CAUSE OF DEATH (Enter o	only one cause per line far (a), (b), an	nd (c).)				APPROXII BETWEEN C	IMATE INTERVAL
PART I. DEATH WAS CAUS	ATE CAUSE (a) Respirat	tory F	ailure				
4211	DUE TO, OR AS A CONSEQU	ENCE OF	Mismall Berlins				
Canditions, if any, which	((b) Aspirati		eumonia	Transfer to a	- T		F7585
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		NEW SECTION			
underlying couse lost.	(c)						
	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVE	EN IN PART 110	a ·
Cerebrovascu	lar Accident, Sei	zures					
Cerebrovascu 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION			WERE FINDINGS USED YING CAUSES OF DEATH?		
Ĭ				YES NO	YES		OF DEATH?
21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURR		EY IN ITEM 18 PA	ART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF DE	AIR	AY YEAR					
(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION				441.05
WHILE NOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.)	STREET	CITY OR TO	WIN	COUNTY	STATE
22a I certify that (I) (this hosp	pital) attended the deceased from	Octobe	r 25. 19.81	January	30 ,	82	thaXX (we) last
sow the deceased alive a	n January 30 19 8	20	d that in 🍇 (aur) apinion o	death occurred on the do	ate and haur	and from the	couses stated
22b. SIGNATURE	with the body after death.		PEGREE			22c. DATE	SIGNED
La sterni	Must mo		ATTENDING PHYSICIAN	MEDICAL STAF		1/20	0/82
22d. PHYSICIAN'S NAME ETYPE	OR EMILIATE		22e ADDRESS	J	<u>DN</u>	1/30	1102
Katherine Mea	alv. M.D.		a /a Mamulan	d Conomal L	locnit	-1	
23a. BURIAL, CREMATION, REMOVA		NAME OF C	c/o Marylan	23d. LOCATION	manic	a I	
, ,							

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm. March F/H 1101 E. North Ave.

2/4/82

Baltimore

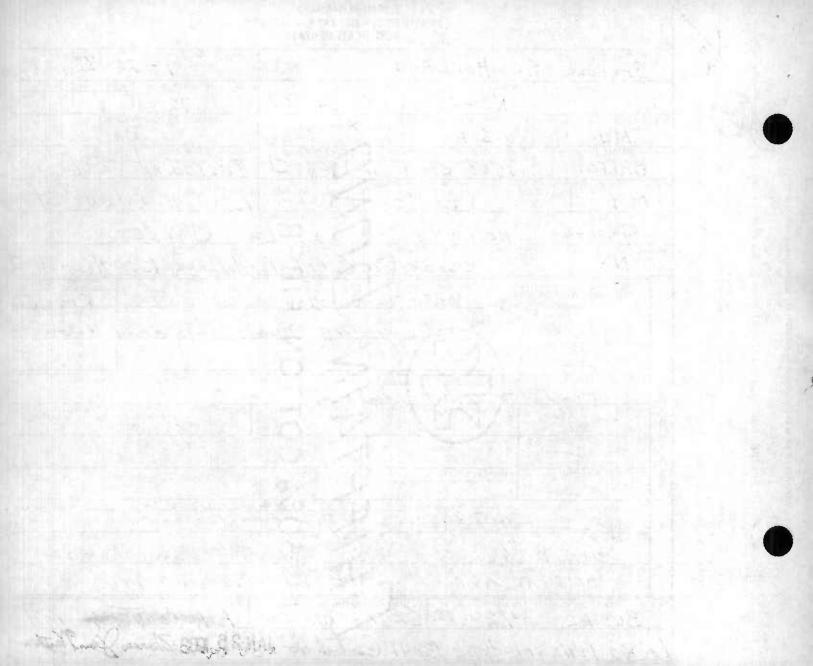
 MD^{STATE}

COUNTY

25a. DATE REC'D. REGISTRAR 256 REGISTRAS SIGNATURE 1982 FEB

Baltimore Cem.

all all and the state of the st r brown cell by Accident Salzuros a con FEB 1 BD June or Theren



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

68

IF UNDER I YEAR

2b. HOUR

17b. KIND OF BUSINESS OR

3:43AM

CERTIFICATE OF DEATH 20 DATE OF DEATH

REGISTRAR DECEASED NAME (TYPE OR PRINT) OCTAVIA HOLLEY 4. RACE 5. DATE OF BIRTH 6 AGE IN YEARS LAST BIRTHDAY 13 29

SEX FEMALE BLACK

Je: BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED XXIEVER MARRIED

MARYLAND

10 CITY OR TOWN OF DEATH

FOR

- STATE

BALTIMORE

GEORGE

(YES NO OR UNKNOWN)

CERTIFICATION

00

IMPORT,

HURCH HOME AND HOSPITAL

WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

JOANNA

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 130 STREET ADDRESS 521 WINSTON AVE.

CITY

MIDDLE

9 BALTIMORE CITY OR COUNTY OF DEATH

MONTH

1-28-82

136. INSIDE CITY LIMITS? 13b COUNTY BALTIMORE MARYLAND 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME

MIDDLE

LIF YES, GIVE WAR OR DATEST

MARSHALL

166 SOCIAL SECURITY NO 212-24-6035

17 INFORMANT DENNIS HOLLEY ADDRESS

521 WINSTON AVE.

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

CHESLEY

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: CARDIO RESPIRATORY ARREST IMMEDIATE CAUSE (o) CARCINOMA OF THE BREAST WITH SECONDARIES Conditions, if ony, which

gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0

(IF EITHER NOTIFY MEDICAL EXAMINER

NOT WHILE

sow the deceased alive on.

21d INJURY OCCURRED

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED

(AT HOME STREET FACTORY, OFFICE, FARM, ETC.)

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

P.M

21e. PLACE OF INJURY

19

8 206

211 LOCATION

2 It. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

YES

COUNTY STATE

NO

wish ho Thamanas EXXXXX PC, OV & BUBUSHOTHAMAN MD.

obove, (I) (we) (did) (did not) view the body ofter death

22e ADDRESS

ATTENDING

PHYSICIAN

DEGREE

MEDICAL DIRECTOR PHYSICIAN HOSRITAL KNRW CORP.

CITY OR TOWN

230 BURIAL, CREMATION, REMOVAL BURTAL

23b. DATE 2-1-82 230 NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

COUNTYMARYLAND

22c. DATE SIGNED

24 FUNERAL DIRECTOR

226. SIGNATOR

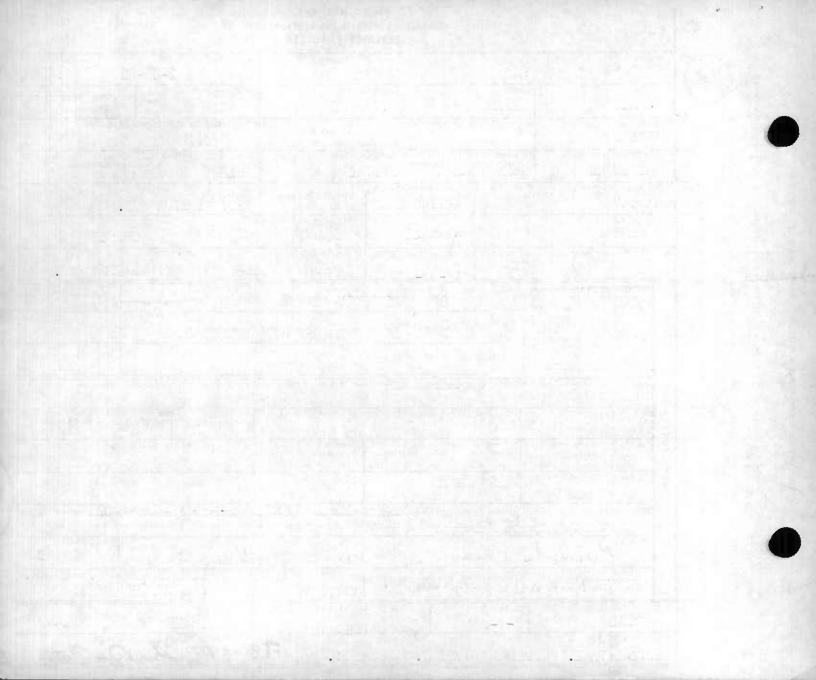
ELIZABETH L. PHILLIPS

1721 N. MONROE ST.

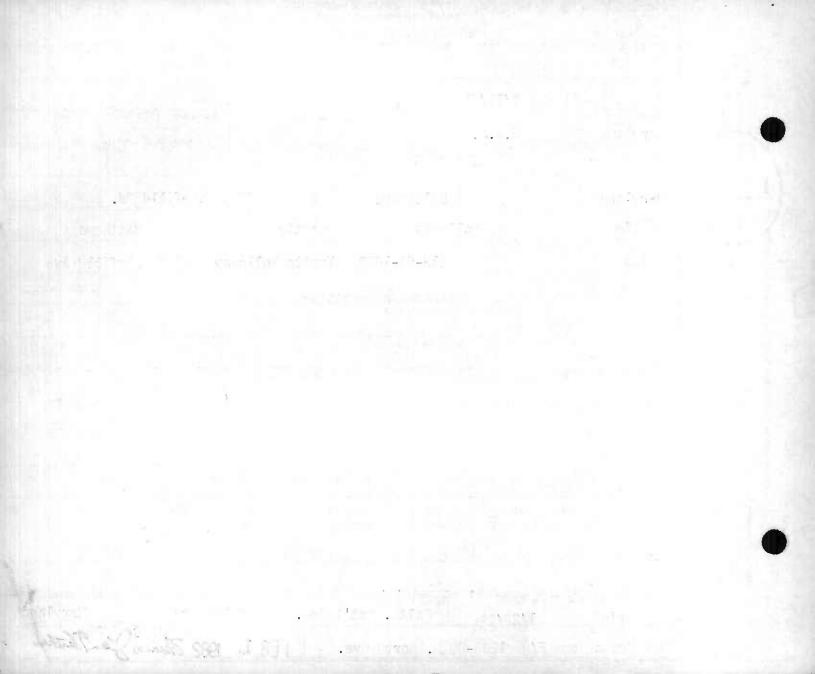
200 AUTOPSY?

NON

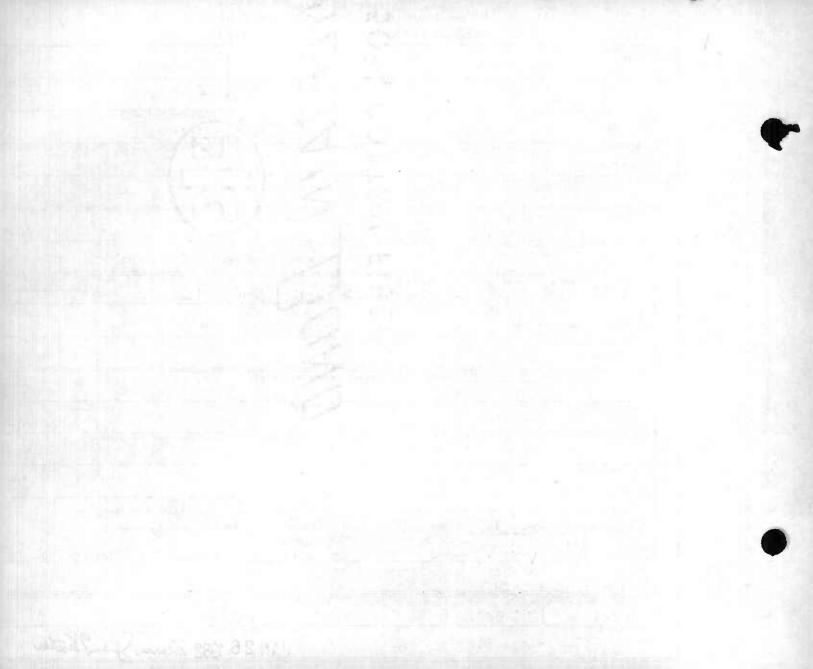
DHMH - 16 50M 1/81 (VRA 15, 4)



0	1. DEC	REGISTRAR CEASED NAME OR PRINT)	FIRST		MIDDLE	(AST	20. DAT	ESTI-		DAY YEAR	26 HOUR
	3. SEX	14	LIA	rence	6. AGE (IN YEARS	Hollowa IF UNDER 1 YR. I IF UNDER	L y DEA	TH MATED	* 1 2:	3 1982 DAY YEAR	M 2d HOUR
		le	black	9/11/51	YEAR LAST BIRTHDAY) YRS.	MONTHS DAYS HOURS	MIN. PRONC	UNCED	1 24	1982	5:10
3	FOI	RTHPLACE (STA REIGN COUNTRY) aryland	TE OR	U.S.A.	/	MARRIED X NEVER MARR	IED 🔲	imore city	_	OF DEATH	PM
9	10. CT	altimor	e /	II. NAME OF HOSP	ITAL, NURSING HOME, OI Wakerielia R		120. USUAL OC FOR MOST OF	CUPATION (TY	PE OF WORK 12	b. KIND OF BU OR INDUSTR	
	13a. ST	aryland	F IN NURSING HOME OR		residence before admission) 13c CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES X NO [130 STREET ADI	kefi el	d Rd.		
	W	illie			lloway	Mattie	EN NAME	MIDDLE	Matthe	ews	
	16a W (YE	AS DECEASED S. NO. OR UNKNOW YES	EVER IN U.S. ARM	ED FORCES? VAR OR DATES)	213-54-147		11 owa y	4303 V	-	ad Ave	
21	NOI	lying caus	NIFICANT CONDITIONS <u>C</u>	(c)	S A CONSEQUENCE OF	DISEASE OR CONDITION GIVEN IN PA	RT 1 (a).				
1	IFICAT	19a. DATE OF	OPERATION	196 CONDITIO	ON FOR WHICH OPERATION	ON WAS PERFORMED?				2D AUTOPSY?	
	MEDICAL CERTIFICATION	210 EXTERNAL UNDERLYING CONTRIBUTIN	CAUSE WAS OR G CAUSE OF D	21b. TIME OF II HOUR A.M. EATH P.M.	NJURY MONTH DAY YEAR	THE HOW INJURY OCCURRE	D (ENTER NATURE O	NJURY IN ITEM 18	B PART 1 OR PART 2		
100	0	21d INJURY OF	CCURRED	21e PLACE OF STREET, FACTOR		If LOCATION	CITY OF	TOWN	COUNT	TY	STATE
~	MEDIC	WHILE AT WORK	NOT WHILE			STREET		10414			
3	MEDIC		that I took charge	of the remains descr	ibed above, held an	Autopsy XX. Inspection Hamicide TITLE (SPECIFY) M.D. ASSistant	n , Inqu	manner	nd in my opini , DATE SIGNED.	1/25/8	32
3		22a I certify death resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	that I took charge	of the remains describing the second courses A	ibed above, held an	Autopsy Inspection Homicide TITLE (SPECIFY) M.D. ASSISTANT ADDRESS 111 Pe	Undetermined	monner	DATE SIGNED.	1/25/8	



- 1	1								MARYLAN							,	-
1	- S	OR TATE					MENT OF				1.	1 Ca	(0 1	U	1	3
7		EGISTRAR	FIRST		ME	MIDDLE	EXAMII	VEK 3	LAST	CATEO			REG. N	_			
- 1'		EASED NAME	FIRST			WIDDLE			LASI			2a. DATE N	ESTI-	MONT	H DAY	YEAR	26. HOUR
а.			JAMES	5				- 1	HOLSEY				MATED [0 1	20	19 82	2 "
3.	SEX	4	RACE	5. DATE O	OF BIRTH	VEAR	6. AGE (INY	EARS IF U	VDER 1 YR.	IF UNDER		2c. DATE		MONTH	H DAY	YEAR	2d. HOUR
1	m	ale	negro	8	6	12	69	RS.	HS DAYS	HOURS	MIN.	PRONOUN	CED	1	20	19 82	28:26 M
7	a. BIR	THPLACE (STA	TE OR	7b. CITIZE	EN OF W	HAT COU	VTRY?	8.	IED NE	VED 44 APPL	ED 57	9 BALTIMO	ORE CITY	OR COU	NTY OF	DEATH	10 "
1	PORE	EIGH COUNTRY) GA			U	JSA		WIDOV	-	DIVORCI	-	Balt	imore	Cit	У		AAD
11	D. CIT	Y OR TOWN O	F DEATH				RSING HON		ER INSTITU	TION		IAL OCCUP		PE OF WOR	K 12b. KI	ND OF BURNING	
7		Baltimo		31	9 E.	21st	St.		-		TOK N	NOST OF WORK	ANG LIFE)			K 1140031	KI
1	SUAL	RESIDENCE (#	F IN NURSING HOME C	OR OTHER INST	TITUTION, G	13r. CIT	OR TOWN	ion)	13d. INSIDE CI	ITY LIMITS?	13e STRE	FT ADDRES	SS a				O LIE
1		MD				Bal	timor	e	YES 🔀	NO 🗆		3149 ^{DR}	F. 21	lst.	St	•	
5	4 FAT	HER'S NAME		MIDDLE			LAST		15. MOTHE	R'S MAIDE	N NAME	MI	DDLE			LAST	
11	6a. W/	AS DECEASED	EVER IN U.S. AR			16b. SO	CIAL SECURI	TY NO.	17. INFORA				ADDRES				
	(YES	NO. OR UNKNOW	(IF YES, GIVE	WAR OR DATE	:5)	256	-10-7	222	Henr	су Сс	ope	r 125	s.	Cul	ver	St.	
F	T	18 CAUSE OF	DEATH (Enter on	ly one cous	se per line	for (a), (b), and (c).)									PPROXIMAT WEEN ONSE	E INTERVAL
		PARTIDEA	TH WAS CAUSED	D BY: TE CAUSE	(0)_	Arter	ioscle	rotio	card	iovas	cula	r dise	ease		501	WELL ONZE	חואפע ערה
		429	12			AS A CO	SEQUENCE	OF								W-T	
			, if ony, which	1	(1.)												
			to immediate		(b)	ASACO	NSEQUENCE	OF									
		lying couse		1		AS A COI	PERMENCE	Or									
	+	PART 2 OTHER SIGN	NIFICANT CONDITIONS		G TO DEATH	RUT NOT PEL	TEN TO THE TER	MINAL DICEAS	E OP CONDITION	N CIVEN IN DA	PT 1 /a:						
					U OLATII	OU NOT KEE	THE PURIT IER	MINAL DISEAS	L OK COMBILION	N DITEN IN FAR	KI 1 (Q),						
1	CERTIFICATION	19a. DATE OF C	OPERATION	198	. CONDI	TION FOR	WHICH OPE	RATION V	AS PERFOR	MED?					2D A	AUTOPSY	?
1	FF			-0.0											FU + 60	YES 🗌	NO [¥]
1	ER	210 EXTERNAL	CAUSEWAS		TIME O			21c. H	OW INJURY	OCCURRE	D (ENTER N	NATURE OF INJU	RY IN ITEM 18	B PART 1 OR		.20	I C LXI
		UNDERLYING	OR G CAUSE OF I				DAY YEA	R							-,		
	š	214 IN ILIRY OC	CLIRRED		P.M		19 (AT HOME,	21f. LC	CATION								
	ME	WHILE AT WORK	NOT WHILE C			TORY, FARM, E			STREET			CITY OR TOW	N	C	COUNTY		STATE
			that I taak charg	ge of the re	moins des	scribed ob	ove, held an	Autop	sy 🔲,	Inspection	n 💢.	Inquiry		nd in my	opinion		
		deoth resulted		rel-couses		Accident		uicide	Homic	-		ermined moi		,			
			h. 1	1					TITLE (SI		2.10010		,				
		ACTUAL SIGNATURE_	1111	121	W-	-					+	ICAL EXAMI	LED	DAT	E 1.	-21-8	32
1		SIGNATURE	//	V	100			^	1.0	101011	MED!	CALEXAM	IMEK	SIGN	NED	41	J-4
	E	EXAMINER'S N	MME Ann	_MD	ixon	МП			ADDRESS	111	Peni	n S+					
1			ON REMOVAL 2		TXON		NAME OF CE	METERY	ADDRESS_								
1	(SPI	Burial		1/29	1/22		d. Ve					CATION	7111		YTHUC		TATE MD
1	4 FUI	NERAL DIRECT		1/23	// 02	141	a. ve	Lera				OWNS			SSIGNAT	-	AID.
ľ	-	NAME	March E	7/17	ADDRESS	1 F	Nort	h As		LAAL	-	4000	1	()	100	6.7	See .
		Le Ue L	TILL TOTAL	/ 11	TIO	A 10 0	TAOT	- 11 13/		NEL	26	IYK/	Bunc	40	- MARIA	MAN	A 40.



1	a x	1.	FOR STATE	DE	PARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HY	GIENE 8_2 (1079
10	0 /		REGISTRAR		CEI	RTIFICATE OF DEATH	REG. NO.	
		1. DEC	CEASED NAME FIRST	WIOOFE	-104	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
	the pe		BUE	ENA . F.		HOPSON	1-	3-82 10:15Am
	lo m	3. SE	(4. RACE		ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS, MONTHS DAYS HOURS MIN.
	9 0		Female	White		ay 19, 1911	70 YRS	
	g 1181		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8	RRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
	# 2 E #XO		Texas	USA		OWED DIVORCED	Baltimore C	ity MD.
	he fune within	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HO	ME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
5	rs of	Sc.	Baltimore	Sinai Hos	pital	•,	Psychologist	Balto. City
212	hau hau	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF	PROTHER INSTITUTION, GIVE RESIDEN		SION) 113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Schools
ON.	filled auld		laryland	Property of the Party of the Pa	timore		1312 Bolton	Street
3.15	tely 2 sh		THER'S NAME		ST	15. MOTHER'S MAIDEN NA		LAST
MA	comple w	100	Sylvester	B. Hopso		Nettie	WIODE	McMahon
RE,	5 0	16a V	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b. SOCIA	L SECURITY N	O. 17. INFORMANT	ADDRESS	
WO	n and c Pages	(1	No No		24 454	13 Mrs. Enid	H. Shepeard,	Ga.
BALTIMORE, MARYLAND 21201	of.		18 CAUSE OF DEATH (Enter o	inly one couse per line for (0),	(b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
- 2	phys phys may vent,	100		inly one couse per line for (0), ED BY: ATE CAUSE (a)				
201 W. PRESTON ST.,	ding arba ar re		1539	DUE TO, OR AS A COM	ISEQUENICE.	0.5		
STO	death ce attendin nave carb ation, ar raumatic		Conditions, if ony, which			TIC CARCINO	MA	
84	he a ema emat		gove rise to immediate cause (a), stating the	DUE TO, OR AS A COM				
*	by 1 by 1 cre arthe		underlying couse lost.	(6)	-SEOOEMEE			
50	Ined ple purio		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION (GIVEN IN PART 1(0)
DIVISION OF VITAL RECORDS,	n sig Then r tab	CERTIFICATION						
0	aw r bee prior any	CAT	190 DATE OF OPERATION			ATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
AL R	he kan. has t per	TE	12-22-81	CA	2000	N	YES NO	YES NO
1	SICIAN: The nag physicic certificate orial-transit tental Hygic litem 18 sho	Ü	210. ACCIDENT WAS UNDERLYING		'H DAY Y		RRED (ENTER NATURE OF INJURY IN ITEM I	B, PART 1 OR PART 2)
Ö	SICIA ng ph certif urial-tr hental Item	ZAL CAL	OR CONTRIBUTING CAUSE OF DE	EAIN	II DAI	19		
o N	द ≯ के ड़ वं द	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE EADIN FI	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
N N	affen affen ter th s the s the	2	AT WORK AT WORK	(ATTIONE, STREET, FACTOR).	OFFICE, FARM, E	C.7		
٥	VDIN ar Af S. Af S. Af		22a.1 certify that (1) (this hasp	oital) attended the deceased	from	12-16 19-81		, 19, that (I) (we) lost
	OK ATTEN e haspital DIRECTOR: sched far ui Dept. of Hem 21 is		low the decease olive of	w the body after death	_19_	ond that in (my) (our) apinion	death accurred on the date and h	nour and from the causes stated
	has has iREC ihed ept.		Mb SIGNATURY	1/5	1-	DECREE		22c. DATE SIGNED
	14 15 5	((K)	1901	feeler	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1-3-82
	HOSPITAL need by the FUNERAL old be detected to the State ORTANT:	1	ZZO. PHYSICIAN'S NAME (TYPE			277e. ADDRESS	.1	
	- D - D + Q		CHARLES	SCHWARTZ	-, ver	D SINH	Hosp.	
1	0 th 0 th 3 mg	23a. E	BURIAL, CREMATION, REMOVA			OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
14	BP	(Cremation	1/4/82	Gre	en Mount	Balto.,	Md.
	DHMH - 16 50M 7/77	24. FI	UNERAL DIRECTOR Henry	v.W. Jenkin	2 8	250. DA	TE REC'D. BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
	(VR A 15 (4))		5 York Road				AN 4 1982 The	w Que Marthe

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H. Ibrahad, Ct.	Mes, Ento	10 20 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ne
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and the second and th 35 . Lang First Joseph and Lange Va. 20 70/61/7/1. .50 . ad las bony Beard branch ballon. 16.

Charles L. Stevens Funeral Pere Inc 1501 E. Fert A

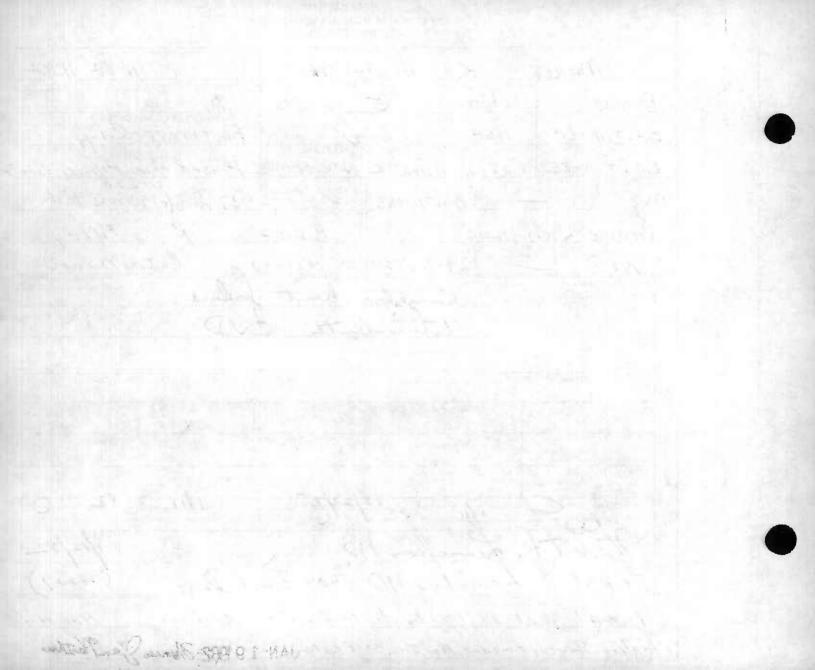
- STATE

1. DECEASED NAME

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 20. DATE OF DEATH 26. HOUR AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE

DHMH - 16 50M 1/81 (VRA 15, 4)



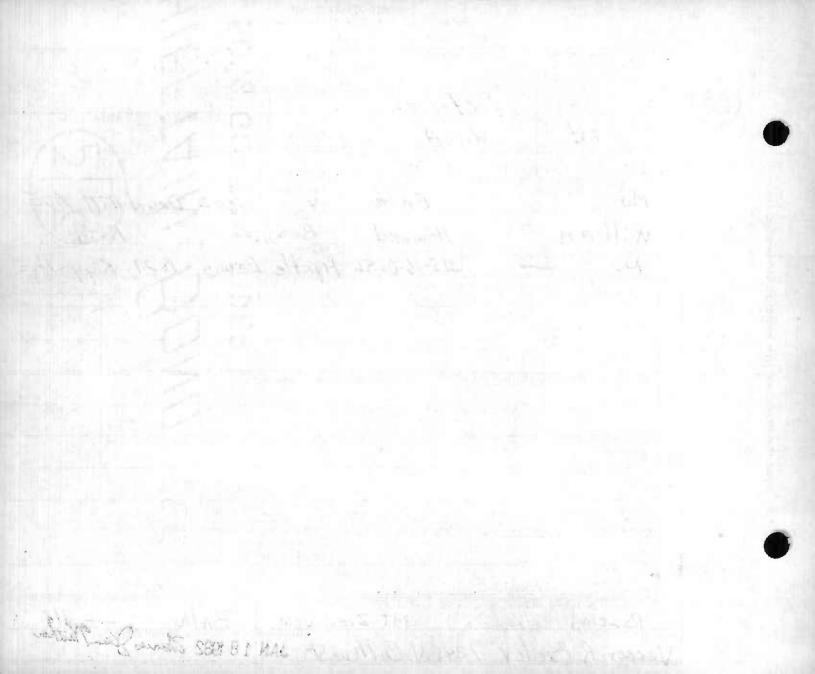
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2g. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED Susan Harwood Houstle 4. RACE 3. SEX 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) MONTHS PRONOUNCED Jan. 29, 1945 36 DEAD female white YRS 10 19 82 To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? TO THE FUNERAL 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED USA NEBRASKA BE FILED, W WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION LTYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY OFFICE CLERK HOSPITAL Baltimore 1806 South Road/ Garage VITAL RECORDS, AND 3 TO RETAIN USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 1806 SOUTH ROAD BALTIMORE MD NO [23. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME GES 1, M PM DIVISION OF VITA FIRST MIDDLE MIDDLE HOUSTLE ARCH ALICE CLAUTICE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS 224-68-0185 ARCH HOUSTLE NO 1806 SOUTH ROAD 21209 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH FF MEDICAL EXAMINER ALONG WED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DIL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Acute carbon monoxide intoxication IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION USED / 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? EPARTMENT OF PRIOR TO BURIA YES [] NO XX 3 SHOULD BE DEPARTMENT 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 2 ? P.Mest. 1/8 1982 inhaled automobile fumes CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 216 PLACE OF INJURY (AT HOME, 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3. AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 2.1201 PE AT WORK AT WORLE 212011 STREET, FACTORY, FARM, ETC.) STATE 1806 South Road. BaltimoreCity garage 22a. I certify that I took charge of the remains described above, held an Inspection V Autapsy Inquiry ond in my opinion Suicide XX death resulted fram Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE Deput VChiefmedical EXAMINER 1/11/82 SIGNATURE SIGNED EXAMINER'S NAME Thomas D. Smith. M.D. 111 Penn Street, Baltimore, MD 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN STATE BALTIMORE BURIAL JAN.13,1982 NEW CATHEDRAL CEM. MD. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212 (VR A15 ME (5)) 15M 2/80

are deferred in march 2886, falls and a company

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4-11	FOR STATE						
	REGISTRAR			VER'S CERTIFICATE C	OF DEATH REG	. NO.	
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	, , , , , , , , , , , , , , , , , , , ,	Melvin		Howard	DEATH MATE	XX I I	2 19 82
3. SE	Х		OATE OF BIRTH			MONTH	DAY YEAR
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7a. E	SIRTHPLACE (STATE OR / 7b.	CITIZEN OF WHAT COUNTRY?	B MARRIED NEVER MARR	9. BALTIMORE CI	TY OR COUNTY	
3	DREIGH COUNTRY	Md	U.S.A	WIDOWED DIVORO	Baltime	ore City	-
10. 0	ITY OR TOWN		NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	E, OR OTHER INSTITUTION	12a USUAL OCCUPATION FOR MOST OF WORKING LIFE	(TYPE OF WORK 12b	KIND OF BUS OR INDUSTR
	Bal #imo	ore	1102 Druid Hill A	venue. Apt. 120	6		OK HADOSIK
USU	AL RESIDENCE	E (IF IN NURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	,	
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14. F	ATHER'S NAM	E,	DDLE JAST	IS MOTHER'S MAID	FNNAME	- 479	
tD	Wil	liAM "	How pre	d Bess	IF MODILE	RE	id
	WAS DECEASI	ED EVER IN U.S. ARMED			ADDI	RESS	. 4
1 '	ES, NO. DO	(IF YES, GIVE WAR C	Z/5-16-00	56 Murtle	Lewis 18	21 8	005/
	18. CAUSE	OF DEATH (Enter only an	e couse per line for (a), (b), and (c).)	9-1/1/107.6	70001		APPROXIMATE
1	PARTID	EATH WAS CAUSED BY:	Arteriosclero	tic Cardiovascu	ular Disease		BETWEEN ONSET
	1 1						
	L/=	29 2 IMMEDIATE CA	DUE TO, OR AS A CONSEQUENCE			No. of Party	
		ons, if any, which	DUE TO, OR AS A CONSEQUENCE			MAY!	
	gove i	242	DUE TO, OR AS A CONSEQUENCE	OF			
	gove couse (d	ons, if any, which rise to immediate	(b) DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE	OF			
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AL CERTIFICATION	gove I couse (c lying co	ons, if any, which rise to immediate ob stoting the <u>under-</u> <u>ouse last</u> . SIGNIFICANT CONDITIONS CONTR	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) 19b. CONDITION FOR WHICH OPEI 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA	OF MINAL DISEASE OR CONDITION GIVEN IN PA RATION WAS PERFORMED? 116 HOW INJURY OCCURRE	ART T (a).		YES 🗆
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

FOR

REGISTRAR

FIRST

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		Causia	

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STATE OF MARYLAND

1	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYC		EG. NO.		0 0
1. DE	CEASED NAME	FIRST		MIDDLE	L	AST	2a DATE OF DE.		DAY YEAR	2b. HOUR
(TYP	E OR PRINT)	ouis	В	yron	·Hu	bbard	Januar	cy 8, 1	982	11:55%
3 SE	X	4 R	ACE		5. DATE C		6. AGE (IN YEARS	EAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Male		Whi	te	Nov	00 4 005		76 YRS.	DATS	HOOKS MIN,
	IRTHPLACE (STATE OR FO	DREIGN 76 C	CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE	CITY OR COUNT	Y OF DEATH	
	Mass.	185	U.S	.A.	WIDOWE		В	ALTIMOR	RE CIT	Y, MD.
10. C	ITY OR TOWN OF DEAT		NAME OF I	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a. USUAL OCC	UPATION	12b. KIND C	OF BUSINESS OR
	BALTIMORE			ST • AGN		SPITAL		enance		A.A. Schools
13a.	AL RESIDENCE (IF NURSINSTATE Maryland	NG HOME OR OTHE LIK COUNTY A • A		Severn		13d, INSIDE CITY LIMITS?	13e. STREET ADD	RESS Uarter:	field :	Road
14 F/	Unknown	MIDD	LE	Hubba	rd	15. MOTHER'S MAIDEN NA		DDIE OWN	LA!	st
	WAS DÉCEASED ÉVER II YES NO OR UNKNOWN) NO	N U.S. ARMED	R OR DATES)	166 SOCIAL SECU	7			ADDRESS S	ame as	# 13
le:	PART I. DEATH WA Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	AS CAUSED BY IMMEDIATE Co	DUE TO, OI	Respi .	NCE OF	my Failu Hoart	Failure		SEIWEEN	ONȘET AND DEÂTH
MEDICAL CERTIFICATION	PART 2. OTHER SIGN LYOM'S 190. DATE OF OPERATION	0650	uctive	Palm	onay	NOT RELATED TO THE TERM D, SCU SC N WAS PERFORMED	Renal 20a autopsy	Failw 20b. IF YE IN CERTI	VEN IN PART 1(S, WERE FINDII IFYING CAUSES ES	NGS USED
ICAL CERT	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	Ρ.,	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR				
MED	21d (NJURY OCCURRE	LE 🗍	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	21f. LOCATION STREET	CII	TY OR TOWN	COUNTY	STATE
	220.1 certify that (I) (sow the deceased above, (I) (we) (di	d alive an	1-8	19	70	nd that in (my) (our) opinion	death occurred on	1-8 the date and had		that (I) (we) lost
	22b. SIGNATURE	urlu	u	2 Zgis	lnu	DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR F	STAFF	22c. DATE	SIGNED
	22d. PHYSICIAN'S NA	ME (TYPE OR PRI	NT)	//		22e ADDRESS				

IMPORTANT: If Item 21 is marked or Item 18 shows any 236. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

12'Jan.82

23c. NAME OF CEMETERY OR CREMATORY Meadowridge Mem . Pk

23d LOCATION
CITY OR TOWN
Elkridge,

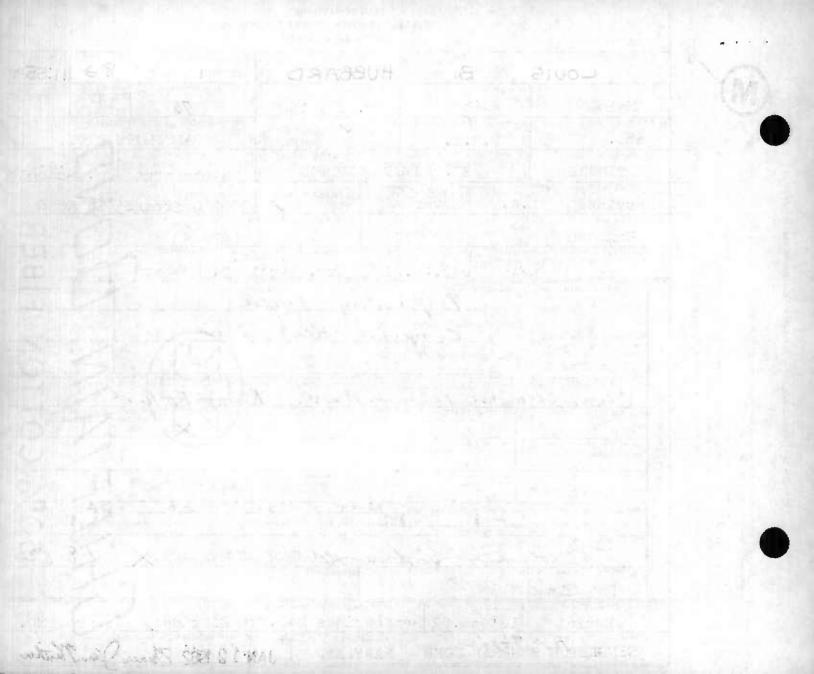
Howard,

DHMH- 16 30M 2/80 (VRA 15, 4)

FUNERAL HOME

23b. DATE

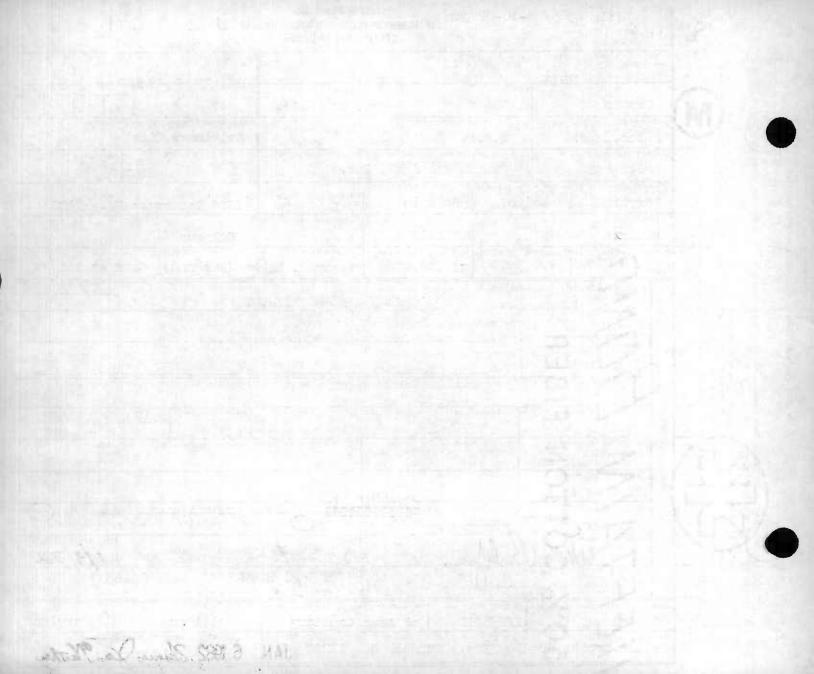
BURNIE 250. DATE MARYLAND



TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

		CEASED NAME E OR PRINT)	FIRST	NAC	DMI	I.	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26. HO
			UTH		N	HUBB	F	JANUARY 3	1002	
1	3 SE	x Female	4	RACE White			7. 20, 1934		MONTH	DER I YEAR IP UND
A)		IRTHPLACE (STATE OR F	CORFICIAL TI		WHAT COUNTRY?		7. 20, 1934	47	YRS	
	В	alto., Md.		U.S.	Α.	MARRIE		Baltimore City of	City	EAIH
35	В	TY OR TOWN OF DEA		Churc	th Hospit	tal, I	OR OTHER INSTITUTION	120 USUAL OCCUPAT		b KIND OF BUSIN IDUSTRY AKER
35	M	aryland	1136 COUNT	to.	131 CITY OR TOW Baldwir	E ADMISSION) VN 1	13d INSIDE CITY LIMITS?	130 STREET ADDRESS 5534 Patt	erson Ro	d. 2101
31	No.	ichard	Mi	IDDLE]	DeShield		15 MOTHER'S MAIDEN NA	Unknown		LAST
2		WAS DECEASED EVER YES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	16b. SOCIAL SECU 218.74.8		Henry E. Hul	obe (Husband		as 13e
		Conditions, if ony, gave rise to imm cause (a), statin underlying cause	nediate g the	DUE TO, OI	CARDIOR R AS A CONSEQUE R AS A CONSEQUE	ENCE OF	RATORY ARRE ER 3 MONT			
	ATION	gave rise to imm cause (a), statin underlying cause	which nediate ig the last	DUE TO, OI (b) DUE TO, OF (c) DIDITIONS CO	LUNG R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO	ENCE OF CANCI ENCE OF DEATH BUT		IIS NNAL DISEASE OR CON		
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2	CAL CERTIFICATION	gave rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN	which nediote g the last NIFICANT CO	DUE TO, OF (b)	E AS A CONSEQUIDED TO THE PROPERTY OF THE PROP	ENCE OF CANCI ENCE OF DEATH BUT	ER 3 MONT	AINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{YES} \(\text{NO} \)	20b. IF YES, WEF IN CERTIFYING YES	RE FINDINGS USI CAUSES OF DEA NO
6 3	MEDICAL CERTIFICATION	gave rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING C	which nediate g the last VIFICANT CO TION DERLYING CAUSE OF DEATH CAL EXAMINER)	DUE TO, OF (b) DUE TO, OF (c) ONDITIONS CO 19b. CONDI 21b. TIME O HOUR A./	R AS A CONSEQUI LUNG R AS A CONSEQUI TION FOR WHICH FINJURY M. MONTH D. M. DEFINJURY EET, FACTORY, OFFICE, F	ENCE OF CANCI ENCE OF DEATH BUT OPERATIO AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCUR	AINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{YES} \(\text{NO} \)	20b. IF YES, WEF IN CERTIFYING YES T	RE FINDINGS USI CAUSES OF DEA NO
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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

٠.,		FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 REG. NO	0 1 0 8 8
1	(TYPE	CEASED NAME FIRST			JAN	1 - 15-82 2 9 M
	3 SE:	FEMALE	WHITE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	YRS.
35	1	ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY	WIDOWED DIVORCED	9. BALTIMORE CITY OR	IMORE CITY MD.
		BALTIMERE/	(IF NOT IN SUCH FACILITY, GIVE STREE	4	120 USUAL OCCUPATION WORK FOR MOST OF	WORKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY OLON House
S L	13a. S	AT RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	NN 13d INSIDE CITY LIMITS?		BENMERE RD
21		AUGUST	SUESSE LAST	15. MOTHER'S MAIDEN NA	E SIL	LNKNEUN
Z medica	100 V	VAS DECEMED EVER IN U.S. AR YES, NO OBUNNOWN) IIF YES IN	MED FORCES? 166 SOCIAL SEC WE WARD R DATES) 440, 40	2101.1	how, Jr	St. flate
njory, ar orner traumonic evenir,	NO	Canditions, if any, which gove rise to immediate couse lol, stoting the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	pence of pesproater	failu	
2	CERTIFICATION	190 DATE OF OPERATION 11/12/81	1 1-	HOPERATION WAS PERFORMED	200 AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
9	MEDICAL CER	210. ACCIDENT WAS UNBERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19 211 LOCATION		IN ITEM 18 PART I OR PART 2)
N : If Hem 2 15 mor		226.1 certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no 226. SIGNATURE	ti view the body ofter death.	, and that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	
A P C R I A P C		22d. PHYSICIAN'S NAME (TYPE O	ADRO	S-B.	6.H.	
<	- (BURIAL, CREMATION, REMOVAL SPECIFY) Buria1		NAME OF CEMETERY OR CREMATORY edar Hill Cem.	Brooklyn	Park AA Md .
81		nalet on Fine	ral Home Clon		1 8 1982	16. REGISTRAR'S SIGNATURETHEN

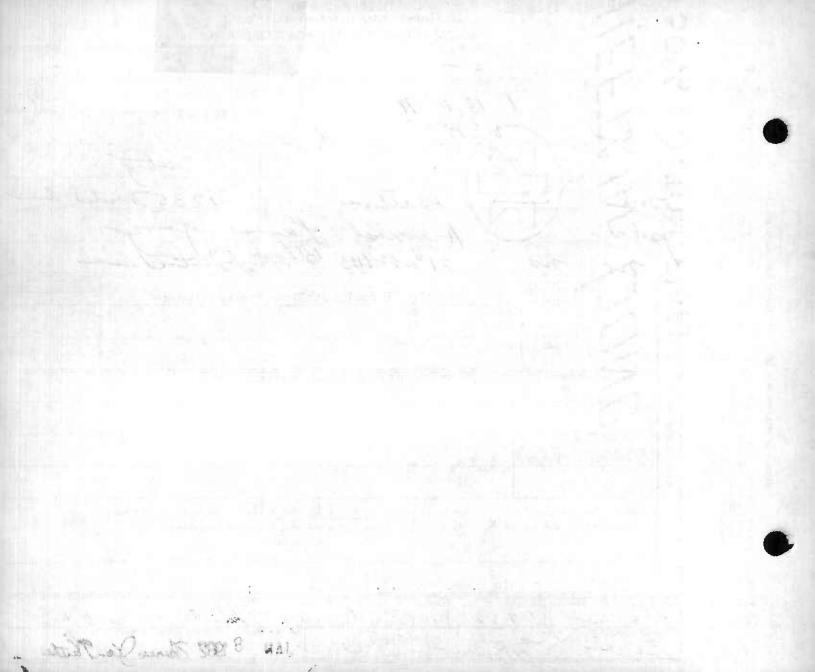
STATE OF MARYLAND

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	8 751			CEASED NAME OR PRINT) EMM	A A		illian	HUDG	INS		JANUAR		21,82	2b. HOUR 9:50A _M
	À CE	13	3. SEX	_	4. RA			5. DATE C	F BIRTH	YEAR	6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	oge 4			Female		White		Ö	13	21	60	YRS.	OF DEATH	
0	nerol di	35	B	RTHPLACE (STATE OR FOR OUNTRY)	d.	4.5.	A.	WIDOWE		ORCED	9 BALTIMORE C BALTIM	ORE CIT	Ϋ́	MD.
10	ov the fu	3	10. CI	Baltimore	11. 1	OHN'S	HÖPKI	NS HOME C	SPITAL	TUTION	(TYPE OF WORK FOR P	AOST OF WORKING LIF	E) INDUSTRY	e Business or wkernment
ND 2120	24 hours	Mustibe	13a. S	AL RESIDENCE LIF NURSING TATE 193	HOM OR OTHER		3c. CITY OR TO	NWC	13d. INSIDE CIT	TY LIMITS?	130 STREET ADDR	rman Ave	10	
MARYLA	mpletely shows	Samine 4		THER'S NAME	WIDDLE	E	Mooney		15. MOTHER'S	MAIDEN NAM		DLE	Denala	τ
BALTIMORE, A	and sor	medicol		VAS DECEASED EVER IN	U.S. ARMED IF YES, GIVE WAR		66 SOCIAL SE	CURITY NO.	17 INFORMAN		Hudgins	DDRESS		
05, 201 W. PRESTON ST.,	quires that the death ce signed by the attending hen place remove carbo	jury, or other traumatic	Z	Conditions, if any, v gave rise to imme cause (a), stating underlying cause	which diate the last.	(b) DUE TO, OR	AS A CONSECUTIVE OF THE PROPERTY OF THE PROPER	DUENCE OF	Tu ma		(Asto	cyton-a	EN IN PART 1(c	2)
DIVISION OF VITAL RECORDS.	by the hospital or attending physician: The law real by the hospital or attending physician. The DRECTOR of this concertaint of the property of the physician	NI: If Hem 21 is morked or Item 18 shows	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAM (IF ETIMER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE	ying yes of De Ath (EXAMINER)	21b. TIME OF HOUR A.M P.M 21c. PLACE O (AT HOME. STREE	INJURY MONTH FINJURY TT. FACTORY, OFFI	DAY YEAR 19 CE FARM EIC)	21f. LOCATIO STREET	, 19 8 (our) opinion	20a. AUTOPSY YES NO RED (ENTER NATURE of CIT) 2, to death accurred an MEDICAL DIRECTOR F	IN CERTIII YE FINJURY IN ITEM 18, I	COUNTY	OF DEATH? NO STATE that (I) (we) lost causes stated
1 4 44	TO HOS	IMPORTA	23a.	BURIAL, CREMATION, RI	MOVAL 23	Bb. DATE	2	3c. NAME OF C	EMETERY OR C	CREMATORY	23d. LOCATIO	> 10	DEIN.	STATE
000	BP_			(SPECIFY) Burial		1-25-	82	Oak Lo	un Cene		Eastw	ood, Bo	Lto.Co.	Md.
	DHMH-16 30M 2 (VRA 15, 4)	/80	24. F	S. Zeiler	& Son	Inc. 6	224 Ea	ss stern t	lvenue	25a. DAI	N 2 2 198	2 Ran	RAP'S SIGNA	

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PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 i.g. 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 190. DATE OF OPERATION 210. TIME OF INJURY (A HOME. 2116. INJURY OCCURRED WHILE ONT WHILE OR NOT WHILE OF INJURY (A HOME. AT WORK 210. LOCATION STREET, FACTORY, FARM, ETC.) 211. LOCATION STREET, FACTORY, FARM, ETC.) TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME TITLE (SPECIFY) ADDRESS 11 Penn Street 236. NAME OF CEMERTERY OR CREMATIONY 236. BUBBAY, CREMATION, REMOVAL [236. DATE 237. NAME OF CEMERTERY OR CREMATORY 238. BUBBAY, CREMATION, REMOVAL [236. DATE 237. NAME OF CEMERTERY OR CREMATORY 238. BUBBAY, CREMATION, REMOVAL [236. DATE 237. NAME OF CEMERTERY OR CREMATORY 238. BUBBAY, CREMATION, REMOVAL [236. DATE 237. NAME OF CEMERTERY OR CREMATORY 238. BUBBAY, CREMATION, REMOVAL [236. DATE 237. NAME OF CEMERTERY OR CREMATORY 238. BUBBAY, CREMATION, REMOVAL [236. DATE 237. NAME OF CEMERTERY OR CREMATORY 238. BUBBAY, CREMATION, REMOVAL [236. DATE 237. NAME OF CEMERTERY OR CREMATORY 238. BUBBAY, CREMATION, REMOVAL [236. DATE 237. NAME OF CEMERTERY OR CREMATORY 238. BUBBAY, CREMATION, REMOVAL [236. DATE 237. NAME OF CEMERTERY OR CREMATORY 238. BUBBAY, CREMATION, REMOVAL [236. DATE 237. NAME OF CEMERTERY OR CREMATORY 238. BUBBAY, CREMATION, REMOVAL [236. DATE 237. NAME OF CEMERTERY OR CREMATORY 238. BUBBAY, CREMATION, REMOVAL [236. DATE 237. NAME OF CEMERTERY OR CREMATORY 238. BUBBAY, CREMATION, REMOVAL [236. DATE 237. NAME OF CEMERTERY OR CREMATORY 238. BUBBAY, CREMATION, REMOVAL [236. DATE 237. NAME OF CEMERTERY OR CREMATORY 238. BUBBAY 238. BUBBAY	9 .0	STATE DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYGIENE	109
Walter Hughes Hu		CEASED NAME FIRST MIDDLE	LAST 20. DATE KNOWNY MON	TH DAY YEAR
10 CUTY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12 USUAL OCCUPATION 12 KIND OF B OR INDUSTRICATION OF STREET ADDRESS 12 USUAL OCCUPATION 12 KIND OF B OR INDUSTRICATION OF STREET ADDRESS 13 COUNTY 15 COUNTY 1	7	Walter	Hughes DEATH MATED	
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B CITY OR TOWN OF DEATH B AIT 1 MORE OF MOSPITALI, NURSING HOME, OR OTHER INSTITUTION TOWN 35 OF ACTION 11	5 70.	RTHPLACE, (STATE OR PREIGN COUNTRY) 7b. CITIZEN OF WHAT COUNTRY V S H	MARRIED NEVER MARRIED	
SUSTATE 138 COUNTY 13. CITY OR TOWN 14. MOTHER SAME 13. CITY OR TOWN 15. CITY	400	(IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORLD FOR MOST OF WORKING LIFE)	OR INDUSTI
APPROXIMATE OF DEATH (ENTER ONLY MAR OR DATE) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) APPROXIMATE APPROXIMATE APPROXIMATE APPROXIMATE INC. ONLY SHOP OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) APPROXIMATE APPROXIMATE APPROXIMATE INC. ONLY SHOP OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) APPROXIMATE APPROXIMATE APPROXIMATE APPROXIMATE INC. ONLY SHOP OF DEATH (B) APPROXIMATE APPROXIMATE APPROXIMATE APPROXIMATE INC. ONLY SHOP OF DEATH (B) APPROXIMATE APPROXIMATE APPROXIMATE APPROXIMATE APPROXIMATE INC. ONLY SHOP OF DEATH (B) APPROXIMATE APPROXIMATE APPROXIMATE APPROXIMATE INC. ONLY SHOP OF DEATH (B) APPROXIMATE APPROX	USU 13a.	L RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEF	R TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS	relord a
MMEDIATE CAUSE (o) AT CEPTIOSCLEPOTIC Cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF	000	A CONTRACTOR OF THE CONTRACTOR		(4)1
MMEDIATE CAUSE (o) AT CEPTIOSCLEPOTIC Cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF	1	5. NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	CECURITY NO. 17 IMPORTANT ADDRESS ADDRESS 1735	_
Table 2 of Date of Operation 19b Conditions Contributing to Oratin But not related to the terminal disease or condition given in Part 1 git.		PARTIDEATH WAS CAUSED BY: Arteri Arteri	osclerotic Cardiovascular disease	APPROXIMATE BETWEEN ONSET
Table 2 of Date of Operation 19b Conditions Contributing to Oratin But not related to the terminal disease or condition given in Part 1 git.		Conditions, if any, which	QUENCE OF	
276. I certify that I took charge of the remains described abave, held on Autopsy & Inspection I. Inquiry I., and in my apinion death resulted from: Notural causes II., Accident I., Suicide I., Homicide I., Undetermined monner I., TITLE (SPECIFY) ACTUAL SIGNATURE INDICAL EXAMINER SIGNED I.—6— EXAMINER'S NAME VIRGINIA L. DOI an, M.D. ADDRESS III Penn Street 236. BURIA). CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY INDICATED TO STREET STORY COUNTY INDICATED TO STREET STORY COUNTY INDICATED TO STREET STORY COUNTY INDICATED TO STORY COUNTY INDICATED TO STORY INDICATED TO STO		couse (a) stating the <u>under-</u> <u>lying couse last.</u> DUE TO, OR AS A CONSE	QUENCE OF	
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270. I certify that I took charge of the remains described abave, held an Autopsy AN, Inspection I, Inquiry I, and in my apinion death resulted from: Natural causes X, Accident I, Suicide I, Hamicide I Undetermined manner I, TITLE (SPECIFY) ACTUAL SIGNATURE VICTURE AND ASSISTANT MEDICAL EXAMINER SIGNED I -6- EXAMINER'S NAME VICTURE VICTURE ADDRESS III Penn Street 236. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY AMERICAN ADDRESS 23d. NAME OF CEMETERY OR CREMATORY COUNTY AMERICAN ADDRESS 23d. PREGISTRAR 25b. REGISTRAR SIGNATURE NAME.	FICATIO	190. DATE OF OPERATION 196 CONDITION FOR WE	TICH OPERATION WAS PERFORMED?	20 AUTOPSY?
Title (SPECIFY) ACTUAL SIGNATURE VIRGINIA L. DOLAN, M.D. ADDRESS LOCATION COUNTY COUNT	CALCERT		AY YEAR	
death resulted from: Notural causes , Accident , Suicide , Homicide Undetermined monner , ACTUAL SIGNATURE	MEDIC	21d. INJURY OCCURRED 21e PLACE OF INJURY (WHILE NOT WHILE 5TREET, FACTORY, FARM, ETC.)	ATHOME, 21f. LOCATION	COUNTY
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24 FUNERALDIRECTOR 24 FUNERALDIRECTOR 25 DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 3307 25 DATE REC'D. BY REGISTRAR'S SIGNATURE		ACTUAL VANCE & P. D. P.	TITLE (SPECIFY) Accietant DA	TE 1-6-8
24 FUNERALDIRECTOR ADDRESS 3 D 7 254 DATE REC'D. BY REGISTRA'S SIGNATURE ADDRESS 3 D 7 255 DATE REC'D. BY REGISTRA'S SIGNATURE	2	EXAMINER'S NAME Virginia L. Dolan,	M.D. III Popp Stroot	
- NAME/ TI - ADDRESS 33.0/	230.	RIA). CREMATION, REMOVAL 23b. DATE 23c. NAJ		OUNTY O BST
	24	INERALDIRECTOR NAME ADDRESS ADDRESS	32.01	SSIGNATURE



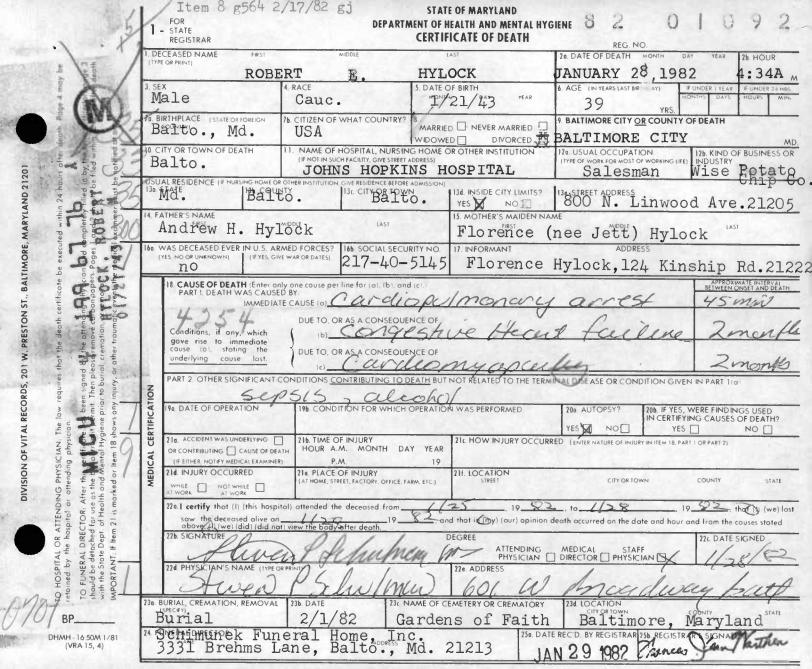
FOR

(VRA 15, 4)

STATE OF MARYLAND

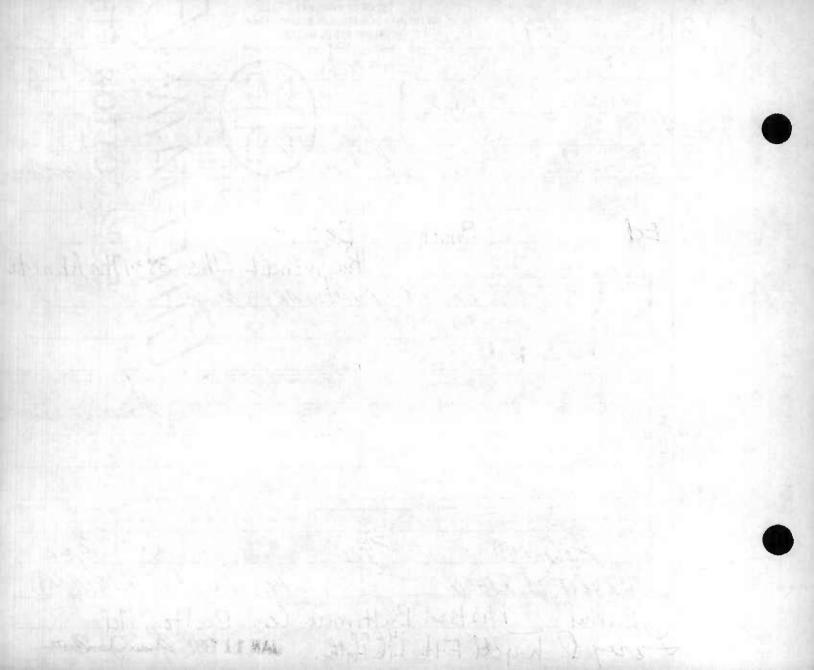
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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LIAN 29 1982 Sheet Plants

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L L L L L L L L L L L L L L L L L L L	10. €	O TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATE		BUSINESS OR
20		Daltimore	South Balto	. Gen. HOSP.		- AIM	4RKCHENKA
AND 213	130.	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NTY 136. CITY OR TOWN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	jull Ave.	
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55, 201 signed k en pleo a burrol, jury, or c	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART Tra	70
RECORDS. low require. os been signermit. There e prior to be sony injur	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	20g AUTOPSY?	20h IF YES, WERE FINDING	GSTISED
L REC	SE				YES I NOI	IN CERTIFYING CAUSES C	
DIVISION OF VITAL NG PHYSICIAN: The ratending physicion offer this certificate ha st the burial-transit p th and Mental Hygien orked or them 18 show	EN	21a. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR			140 🔲
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ENDING of or of OR. After Use as: Health of			ital) attended the deceased from	, 19	, to	, 19, th	nat (I) (we) lost
Spite Spite CTO I for of h		saw the deceased olive or abave, (I) (we) (did) (did no	ot) view, the bady after death.	nd that in (my) (aur) opinion	death accurred an the do	ite and hour and from the co	auses stated
OR or house by the both		22b. SIGNATURE	The	DEGREE ATTENDING	MEDICAL STAF	121 DAYE 5	CAED
RAL deto	-	Jaren	MU	PHYSICIAN [DIRECTOR PHYSIC		82
HOSPITAL ned by the FUNERAL vide det the State		COLLECTION STAME THE	1 FA/01/	MADDRESS U/a	110,1000 -1	Pollinger	110
TO HOSPITA retoined by TO FUNERS should be de with the Stat MPORTANT		DTUENY L), KHOIY	DOOY J. MAH	ROVERSTA	DISTITUTE,	((14/
OCC RP		BURIAL CREMATION, REMOVAL	23b. DATE 23c NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION	Mounts	STATE
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DHMH - 16 50M 1/81 (VRA 15, 4)	1	- ney ()	JUNESS LIL	ILAG JA		Many Jamily	of Clan



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n please remove carbanpopers. Pages

TO FUNERAL DIRECTOR: After this certificate has been

/	1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	0	10	9 4
/		CEASED NAME FIRST	M	DDLE	ı	AST	26 DATE OF DEATH	MONTH DI	AY YEAR	2b. HOUR
)		EDMUND		F.		TSCH	1/1	182		1195
	3. SEX		4. RACE	OT A NI	5. DATE C	DAY YEAR	A. AGE IN YEARS LAST BW		UNDER I YEAR	HOURS MIN.
	7a DI	MALE RTHPLACE (STATE OR FOREIGN	CAUCA	HAT COUNTRY?	Jan	6 1906	9 BALTIMORE CITY O	YRS:	DE DE ATH	
17	(AUSTRIA	U.	S.A.	WIDOWE		BALTIMOR	E CITY		MD.
14		TY OR TOWN OF DEATH ALTIMORE	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET MEMORIA	ADDRESS)	PITAL	CABINET		126 KIND O INDUSTRY	F BUSINESS OR
3	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		BALTO	'N	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS 2829 P	ELHAM	AVEN	TE.
0/	14. FA	TRANC	WIDDIE	WANTSCH		IS MOTHER'S MAIDEN NAM	MIDDLE		LAS Talen	ISCHL
W Nach		VAS DECEASED EVER IN U.S. AR		16b SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS	PE	TOCUL
1	0	YES, NO ORLUNKNOWN) (IF YES, GIV	E WAR OR DATES)	216-03-	4370	HERMINE IW.	ANTSCH (W	IFE)	SAME .	ADDRESS
		Conditions, if any, which gave rise to immediate	Ď BY: TE CAUSE (a) ĎUE TO, OR	AS A CONSEQUE	NG Ø	1 the Colon. T	e mellistas	is	BETWEEN (MATE INTERVAL ONSET AND DEATH
		cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT ((c)	AS A CONSEQUE		NOT BETATED TO THE TERM	IN ALL DISEASE OF CON	DITION GIVE	N IN PART 1	
	N O	I AKI 2. OTTER STORY ICARY	CONDITIONS CO	INTRIBUTING TO I	<u>JEAIII</u> BOT	NOT RETAILED TO THE TERM	INAL DISEASE OR CON	DINON GIVE	IN IN PART TIE	
	CERTIFICATION	19a, DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO		WERE FINDING CAUSES	
2	ICAL CER	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	114	MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAI	RT 1 OR PART 2}	
	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	F INJURY ET, FACTORY, OFFICE, F	ARM ETC }	211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		22a.1 certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did) (did no		1 7 19	£2, or	d that in (my) (aur) apinian o	, tadeath accurred an the de	, 1 ate and haur		that (I) (we) last causes stated
	1	226. SIGNATURE Alan	Kum	el	N	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	F IAN	22c. DATE	SIGNED
1		22d. PHYSICIAN'S NAME (TYPE C	PRINTI	0		22e ADDRESS	1. inecti	6- P	r	

should be detached for use as the burial-transit permit. Then please remove carbanpapes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal DHMH-16 30M 2/80 (VRA 15, 4)

1/11/82

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

3331 Brehms Lane, Balto. Md. JAN 1 251 LEGISTRAN SIGNATURE 21213

23c. NAME OF CEMETERY OF CREMATORY Holy Redeemer

Balto.

Md.

COUNTY

STATISTICS OF SATISFIES HOLD SECRETALS • 1 2 Distribution in the control of the little.

\$	1	FOR - STATE REGISTRAR	DEPARTMENT O	TATE OF MARYLAND OF HEALTH AND MENTAL HYO TIFICATE OF DEATH	GIENE 8 2	0 1	0 9 5
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· + + del		PART I. DEATH WAS CAUSED IMMEDIATE	0/3/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	in arrest			BETWEEN ONSET AND DEATH
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201 es thi plea urial,		underlying couse lost	DUE TO, OR AS A CONSEQUENCE O (c) AT WALL CONTRIBUTING TO DEATH I	olic Cardio	WINAL DISEASE OR COND	ITION GIVEN IN	PART 1(0)
ow requi	CERTIFICATION	Chance 190 DATE OF OPERATION	Obstantine 196 CONDITION FOR WHICH OPERA	Pulmonous TION WAS PERFORMED	Diseas 200. AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
SFVITAL R STAN: The Ist physicion. Trificote hos all-tronsit per iol Hygiene iol Hygiene ma 18 shows		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YE		YES NO RRED (ENTER NATURE OF INJURY	YES 🗌	NO 🗌
HYSIC ading his cert burio	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE		211. LOCATION	CITY OR TOWN	4 cor	UNTY STATE
DIVISION POLICE PRODUCE PORT of the control of the		22a. I certify that (I) (this haspital saw the deceased alive an	1/15 19 82	, and that in (my) (our) opinion	death accurred on the dat	, 19	, that (I) (we) last
AL OR AT the hosp AL DIRECT tetoched for tre Dept. of		22b. SIGNATURE	SOasan ms	DEGREE ATTENDING	MEDICAL STAFF	27	20. DATE SIGNED
O HOSPITAL TO FUNERAL Thould be det with the Stote		A. PIDLAGA		POWIDENT			Md. 2/215
D de Clark & F		SURIAL CREMATION, REMOVAL	23b. DATE 1-22-82 /7/7.	FCEMPERY OR CREMATORY	13d. LOCATION CUP OR TOWN	Hant	P.A.Co. md
DHMH - 16 50M 1/76	24 F	UNERAL DIRECTOR	SE OF ADDRESS 1. Y		TE REC'D. BY REGISTRAR 2	SI DEGISTRATE	SIGNATURE TO

CHEST ELTHERTH ELTH THE WHITE ME SONE ICON ROOM Swind 1-92-82 Mr. Tolkory 15 5 11 P. LEWS 2222 Land CO. 21 1 1 - 2 -

3	1	FOR STATE	DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2	0 1	0 9 6
و د با		REGISTRAR CEASED NAME FIRST : OR PRINT)	WIDDLE		AST	REG. NO		YEAR 2b. HOUR
may b	3. SE	x Jessi	1. RACE	S. DATE C		6. AGE (IN YEARS LAST BIR		
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The same of the sa		RTHPLACE (STATE OR FOREIGN)	IL SA	MARRIE WIDOWE	NEVER MARRIED	P. BALTIMORE CITY O	R COUNTY OF DEA	MD.
offer the	10. C	Himore City	(IF NOT IN SUCH FAGILITY, GIV		nother Institution	128 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		IND OF BUSINESS OR JSTRY
24 hour 24 hour sould be fulled in loud be fulle	USU. 13a. S	AL RESIDENCE (IF NURSING HOVE OR C	OTHER INSTITUTION, GIVE RESIDENCE TY 130 DITY O	CE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESON	rantly	, Rd
MARYLA ed within mpletely ond 2 sh	14. FA	THER'S NAME	MDDLE WILL	iams	15. MOTHER'S MAIDEN N	AME MIDDLE	/	LAST
mond co		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	AED FORCES? 166. SOCIA WAR OR DATES) 227	L SECURITY NO. 4079	Hadys.	Jackson	4023G1	rantly
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALT NG PHYSICIAN: The low requires that the death certificate be ratending physician. After this certificate has been signed by the attending physician as the burial-transit permit. Then please remove carbon papers than Amental Hygiene prior to burial, crematian, or removal. orked at them 18 shows any injury, or other traumatic event, the		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Canditians, if any, which gave rise to immediate couse (o), stating the underlying couse lost.	y one cause per line for (o), BY: CAUSE (a) DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	I New	nouteté :			APPROXIMATE INTERVAL WEEN ONSET AND DEATH
IECORDS, 20 low requires s been signed strait. Then pil s ony injury, o	CERTIFICATION	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTION			MINAL DISEASE OR CONI	20b, IF YES, WERE F	FINDINGS USED
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DIVISION OF VI NDING PHYSICIAN; al or ottending physics R. After this certifico use as the buriol-tran feolih and Mental Hy is morked ar Item 18	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY)	1	211. LOCATION STREET	CITY OR TO	WN COUN	NTY STATE
TEND or use or use or use or use or use or use		220.1 certify that W (this hospital sow the deceased alive on abave, 1) (we) (did) (did new	1/3/82	19, ar	d that in for (our) opiniar	, , ,		
SPITAL OR AT d by the hosp NERAL DIREC be detached the Stote Dept. or TANI: if them		22b. SIGNATURE	5 And	- p	ATTENDING PHYSICIAN	MEDICAL STAF	F	DATE SIGNED
TO HOSPITAL TO FUNERAL should be det MAPORTANT:		724. PHYSICIAN'S NAME (TYPE OR	as Au	che	22e. ADDRESS	herem H	oph	7
157gp		SPICION, REMOVAL	1 7/82	Fami	EMETERY OR CREMATORY	23d. LOCATION MEITY OR JOWN		STATE .
DHMH-16 30M 2/80 (VRA 15, 4)	P	INERAL DIRECTOR	H.F.H. 2	DRESS W.	7574	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SI	GNATURE

Box 31. Prince Frederick, Md

FOR

- STATE

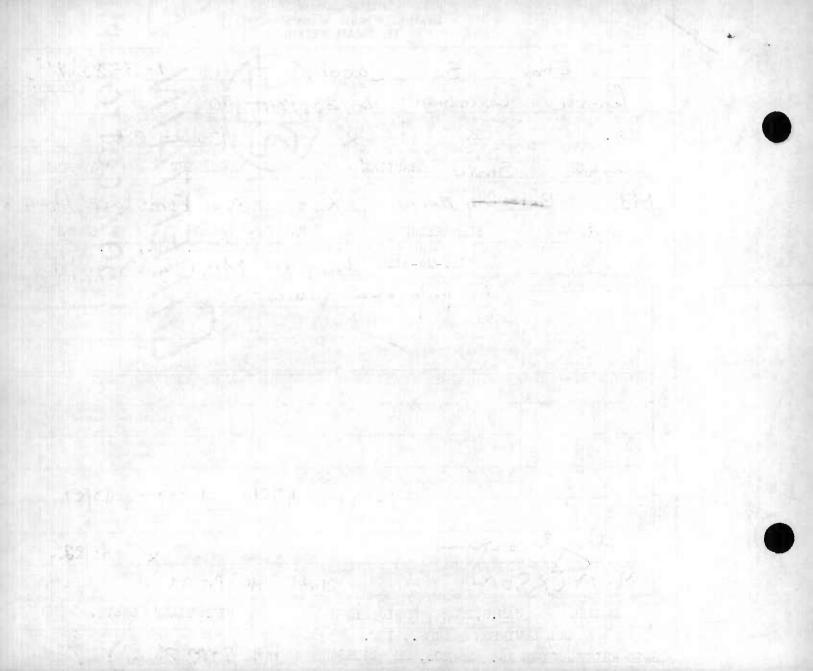
(VRA 15, 4)

Spencer E. Sewell

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR DEPARTMENT OF HEALT STATE REGISTRAR CERTIFICA

Ruck Towson Funeral Home, Inc. Towson, Maryland

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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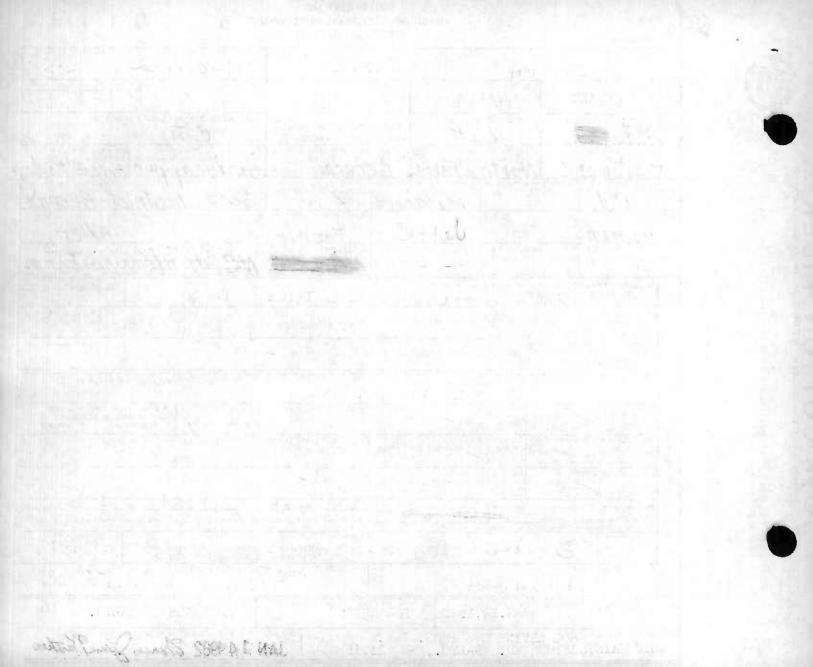
								REG. NO.				
	DECEASED NAME FIRST YPE OR PRINT)	M	IODLE	ı	AST		2a. DATE OF	DEATH MONT	H DAY	YEAR	2h HOU	R
1.	John	Man	rtin	Jac	cob		Janua	ary 13,	1982		4	PM
3.	SEX	4. RACE		5. DATE C	OF BIRTH		6. AGE (INY	EARS LAST BIRTHOAY		DER I YEAR	IF UNDER	24 HRS
	Male	White		May	23 DAY	1894	87		YRS.	HS DAYS	HOURS	MIN.
70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8			9. BALTIMO	RE CITY OR CO	UNTY OF	DEATH		
1	Maryland	U.S.		WIDOWE	DE CONTRACTOR DE	R MARRIED DIVORCED		imore Ci	ity		14	MD.
	CITY OR TOWN OF DEATH Baltimore	11. NAME OF H	OSPITAL, NURSIN FACILITY, GIVE STREET Green Nu	ADDRESS)	R OTHER II	ISTITUTION		OCCUPATION K FOR MOST OF WOR NET Kra	KING LIFEL IN	NDUSTRY	FBUSINE	SSOR
	SUAL RESIDENCE (IF NURSING HOME O				5 Home		100 - OWI	ICL KIC	112 110	ISIC (Joinpe	illy
13	a STATE LIST COU	imore	Timonium	n	YES [NO [211	address Chantry	Rd. 2	1093		
14.	FATHER'S NAME	MIDDLE			15. MOTHE	R'S MAIDEN NA						
	John Geo	rge	Jacob			in a	Marg	garet	H	leil LAS	ī	
160	WAS DECEASED EVER IN U.S. AI	VE WAR OR DATEST	166 SOCIAL SECU		17 INFOR		14	ADDRESS				
L	no		212-03-71	112	Mrs.	Irma Ho	ffman,	same a	s #13	е		
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR (b) DUE TO, OR (c) CONDITIONS CO	AS ACONSEQUE	NCE OF SEATH BUT			AINAL DISEAS		Q ON BIVEN IN	3 18 N PART 110	IGS USED	1
TIFIC							YES 🗌	NO D	CERTIFYING YES [CAUSES	OF DEAT	
MEDICAL CER		R) P.A	A. MONTH DA	Y YEAR	115	INJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN IT	EM 18 PART 1	OR PART 2)		
WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	ET, FACTORY, OFFICE F	ARM, ETC)	211 LOCA STR			CITY OR TOWN		COUNTY	5	STATE
	27a I certify that (I) (this hosp sow the deceased alive or above, (I) (was alive or		19 <	3	36 that in (n	y) (our) opinion	deoth occurre	d on the dote of	nd hour onc	3 / 1	that (I) (v	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	72b. SIGNATURE	RE	reno	X	DEGREE	-	MEDICAL DIRECTOR	STAFF PHYSICIAN		22c. DATE	SIGNED	J.
	228 PHYSICIAN'S NAME (TYPE	OR PRINT)	()	22e. ADDF							
	Norman Freema	n, M.D.			29	W. 29th	Stree	t	644		1.18	9.
230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 1 1 18 − 8				R CREMATORY Cemeter	23d LOCA	Itimore	col	Ma ⁻	rylai	nd
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DHMH-16 50M 1/81 (VRA 15, 4)

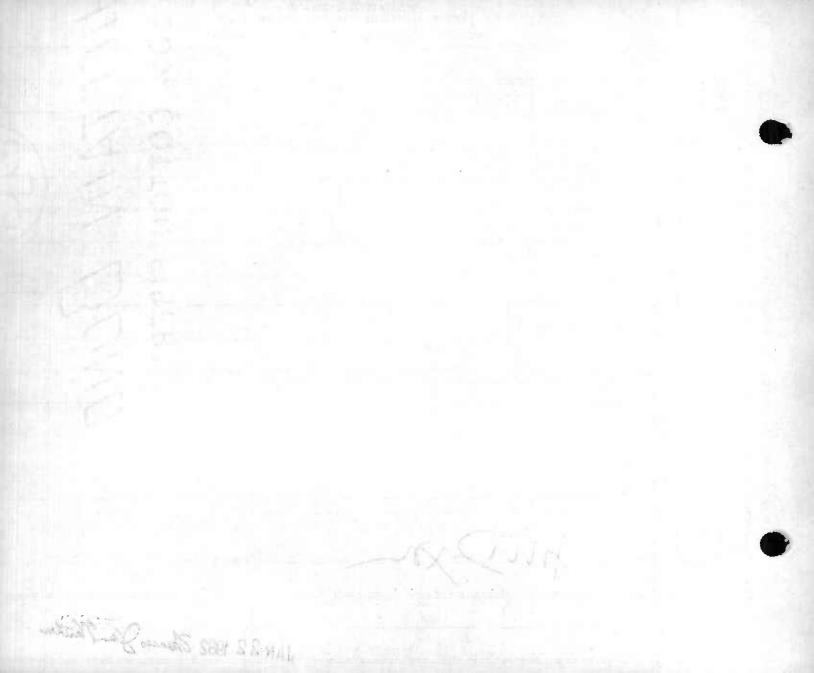
TO FUNERAL DIRECTOR:

IMPORTANT: If Item 21 is marked or Item 18 shows any

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1-	FOR STATE REGISTRAR			DEPARTMENT O	F HEALT	H AND ME	NTAL HY	64 60	REG. N)	1	0	1
		JOHN		WIDDLE	JA	AMES		OF	ESTI-	MONTH		YEAR 19 82	2b. HOUR
	1000	negro	5. DATE OF BIRTH	YEAR 5 4 AST BIRTI	YEARS IF U HDAY) MÓN YRS.			IN PRONOU	NCED	MONTH 1	DAY	YEAR	21. HOUR 2. 52 a M
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	Baltim	ore	1906 E	. 31st St.	S)	HER INSTITUTION	ON 12			PE OF WORK			
USU/ 13a. S	TATE MD	13b. COUN	DR OTHER INSTITUTION, GIV TY	Baltimo	re	13d. INSIDE CITY	LIMITS? 13	1958 B	£65 31	st.	st.		
14. F		1	WIDDLE	James				NAME	MIDDLE	I	Park	ër	
TY	ES. NO OR UNKNOY			166. SOCIAL SECUR	ITY NO.			s 1906			. st		
z	Condition: gave rise cause (a): lying caus	ATH WAS CAUSED IMMEDIAT s, if any, which e to immediate stoting the under-elast.	D BY: TE CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)	as a consequenc	E OF		SIVEN IN PART 3	(a),			BETW	PROXIMATE I	NJERVAL AND DEATH
	21a. EXTERNAL	CAUSE WAS	216. TIME OF HOUR A.M.	INJURY	21c. +			ENTER NATURE OF 18	JURY IN ITEM 18	PART 1 OR P	Y		но □Х
MEDICA	21d INJURY OF	CCURRED	21e PLACE C	DF INJURY (AT HOME, ORY, FARM, ETC.)		OCATION STREET		CITY OR TO	DWN	CC	YTAUC		STATE
24. F	22a. I certify death resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN URIAL CREMAT SPECIFY) BURIAL UNERAL DIRECT NAME	v that I took chorg d from: Natur NAME T) ION, REMOVAL 2 L OR	Ann M. Di 3b. DATE 1/25/82	xon, M.D. 23c. NAME OF C. Westvi	EMETERY C	TITLE (SPE	e [], (scify) stant 111 Pe	MEDICAL EXAM	onner	DATE SIGN	ED_1		
	3. SE: MAG 7a. B 6 7c. B 10. C 10. C 13a. S 14. F. NC 14. F. NC 124. F 1	1 - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX Male 7a. BIRTHPLACE (ST. FOREGIN COUNTRY) 10. CITY OR TOWN O Baltim USUAL RESIDENCE (13a. STATE MD 14. FATHER'S NAME FIRST MY TO X 16a. WAS DECEASED NO 18. CAUSE OF PART I DE/ Condition gave rist cause (a) lying cous 19a. DATE OF (1) 19a. DATE OF (1) 19a. DATE OF (1) 21a. EXTERNAL UNDERLYING CONTRIBUTIN 21d. INJURY O WHILE AT WORK 22a. Leertify deoth resulte EXAMINER'S N 17a. EXPLIPATION 23a. BURIAL CREMAT BUTIAL 23a. BURIAL CREMAT BUTIAL 23a. BURIAL CREMAT BUTIAL 24. FUNERAL DIRECT 24. FUNERAL DIRECT 24. FUNERAL 25. FUNERAL 26. FUNERAL 26. FUNERAL 26. FUNERAL 27. FUNERAL	1 - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX 4. RACE Male Megro 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) N. C. 10. CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE (IF IN NURSING HOME OF 136. STATE MD 14. FATHER'S NAME FIRST MYTON 16a. WAS DECEASED EVER IN U.S. AR. (YES. NO. OR UNKNOWN) 17b. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate cause (a) stoting the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS 17a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that I took charge death resulted from: Natural SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 2 (SPECY) BUT 1 a 1 24. FUNERAL DIRECTOR NAME 24. FUNERAL DIRECTOR NAME	The STATE REGISTRAR I. DECEASED NAME FIRST (TYPE OR PRINT) 3. SEX 4. RACE 1. DATE OF BIRTH MONTH 1. TO 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 10. CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, OR 13a. STATE MD 11. FATHER'S NAME MY TO 1 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 18. CAUSE OF DEATH (Enter only one cause per line PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) Conditions, if ony, which gave rise to immediate cause (a) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (ONOITIONS CONTRIBUTING TO DEATH) 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19b. CONDIT 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that I took charge of the remains desident resulted from: Natural SIGNATURE EXAMINER'S NAME AT WORK 22a. I certify that I took charge of the remains desident resulted from: Natural SIGNATURE EXAMINER'S NAME AT WORK 22a. SURPLIFY; SHAME AT WORK 23b. DATE 1/25/82 24. FUNERAL CREMATION, REMOVAL 1/25/82 24. FUNERAL DIRECTOR NAME ADDRESS	TOUR PART IDEATH WAS CAUSE OR DEATH (Enter only one couse per line for (a), (b), ond (c).) PART 1 DEATH WAS CAUSE DRY. IS. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEXT OF TOWN OF DEATH (Enter only one couse per line for (b), (b), ond (c).) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEXT OF THE TE	TO PER STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX	FOR REGISTRAR REGISTRAR	Table Conditions First MEDICAL EXAMINER'S CERTIFICATE OF	Tock DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH Decay Dec	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. N. DECEASED NAME (1976 OR PRINK) JOHN JO	DEPARTMENT OF HEALTH AND MENTAL HYGIENE PROPERTIES PROPERTIES	Term	DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral directian should be detached for use as the busiol-transis permit. Then please remove carbonappers. Pages I and 2 should be filed within 72 hours of the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner must be notified at once.
F- 1-	- 10 7	-

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	0	1	1	0	
CERTIFICATE OF DEATH		REG. NO.					

Ľ	REGISTRAR			CERTI	ICATE OF DEA	TH	REG. N	40		38 - 30
1. DE	CEASED NAME FI	RST	MIODLE		LAST		20. DATE OF DEATH	MONTH	OAY YEAR	26 HOUR
Lite	Joh	nnie Edwa	rd	JAI	MES		January 1	4 195	82	7:55a M
3. SE	X	4 RACE		5 DATE O			6 AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS
	male	bla		^{MO} 5	ľ ľð 1	1 ^{*6} 9°11		70 YRS	MONTHS DAYS	HOURS MIN.
7a. B	IRTHPLACE (STATE OR FOREN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D K NEVER MARI	RIED 🗆	Baltimore City	_		MD
	Baltimore	Mary	and Gener	GHOME (ADDRESS) al Ho	OR OTHER INSTITUT	NON	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST		12b. KIND (INDUSTRY	OF BUSINESS OR
USU 13a. :	AL RESIDENCE (IF NURSING H STATE 13b.	OME OR OTHER INSTITUTION,	Baltime	N	134 INSIDECITY L	IMITS?	13e STREET ADDRESS 3841 E1	mcros	st Ro	ad
14. FA	ATHER'S NAME FIRST	WIOOFE	LAST		15 MOTHER'S MA	IDEN NAA	ME MIDDLE		LA	ST
	VAS DECEASED EVER IN U YES, NO OR UNKNOWN) (1F		166 SOCIAL SECU 223-26-8		Margie	e Jan	mes 3841		rost R	oad
	18 CAUSE OF DEATH (E	nter only one couse per	line for (a), (b), one	l (c					APPROX BETWEEN	CIMATE INTERVAL ONSET AND DEATH
CERTIFICATION	underlying couse to	DUE TO, OF	diovascul	NCE OF			NAL DISEASE OR CON	20b. IF YES	S, WERE FINDI	NGS USED
RTIF							YES X NO	YE	s 😿	NO [
MEDICAL CE	21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR A.	M. MONTH DA M.	Y YEAR	211 LOCATION	OCCURR	ED (ENTER NATURE OF IN)	JRY IN ITEM 18 F	PART I OR PART 2)	Y.J.X
WE	WHILE NOT WHILE [LATHOUS CIO	EET, FACTORY, OFFICE FA	RM, ETC)	STREET		CITY OR TO	NWC	COUNTY	STATE
	22a.1 certify that (X (this sow the deceased of above, X (we) (did) (22b. SIGNATURE /	hospitol) offended the live on January XXXI) view the body	deceased from 0	82 or	nd that in (my) (our)	9 <u>81</u>) opinion d	to Janua eath occurred on the d		ond from the	
	224 PHYSICIAN'S NAME	uay-7	a ph	- K	ATTEN	NDING CICIAN	MEDICAL STA DIRECTOR PHYSI	FF CIAN 🔀	1/14/	
		g- TA Lin,	M.D.			ryla	nd General	Hospi	tal	
23a E	BURIAL, CREMATION, REM SPECIFY) Burial	OVAL 236. DATE 1/18			emetery or crem 1em Park		23d. LOCATION BAYTEON		c Co. Ry	M d ^{TATE}
	UNERAL DIRECTOR 11 Man C. M	farch F/H	110 Pers E	Noı	rth Ave	JA	N 18 1982	251 REGIST	RAR'S SIGNA	LITTE

DHMH - 16 50M 1/81 (VRA 15, 4)

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DHMH-16 30M 2/80

(VRA 15, 4)

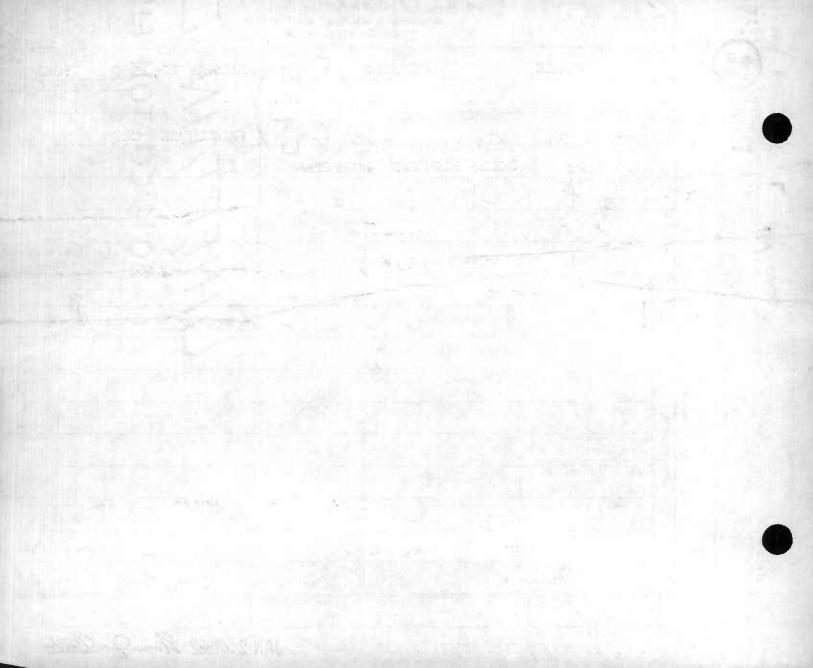
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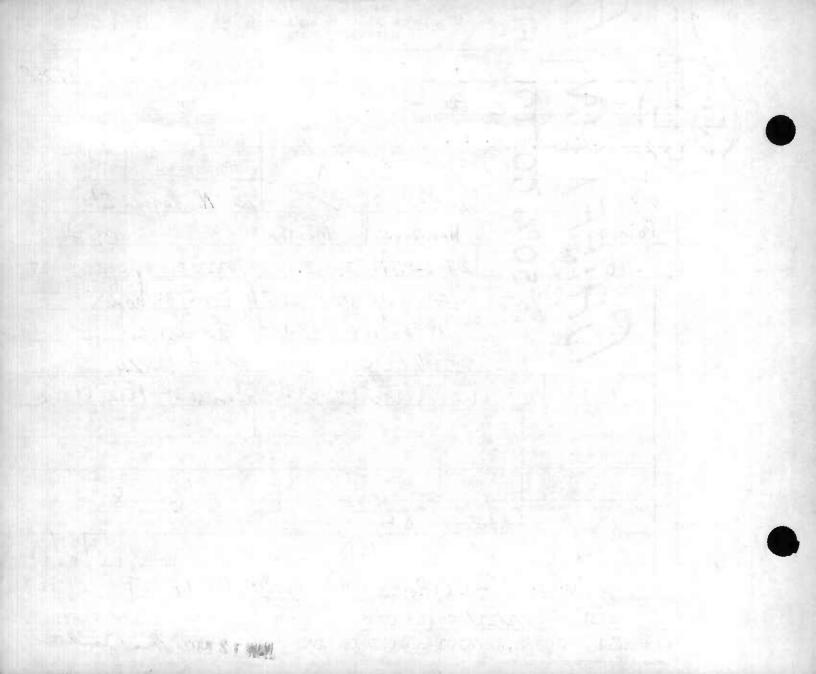
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V1	I. DEC	EASED NAME FIRST OR-PRINT) Earl		WIDDLE	10.73	efferson	20. DA	ATE KNOWN X	MONTH DAY	YEAR 12	7b. HOUR
MAN, PEASE ONE CITOR OUR FILES ON STREET	SEX Ma	ale Black	5. DATE OF BIRTH		N YEARS IF U	NDER 1 YR. IF UND	MIN. PRON	OATE OUNCED DEAD	1 12	YEAR 7	1:26
(神)	Ma	THPLACE (STATE OR EIGH COUNTRY) LTYLAND	76. CITIZEN OF WI		WIDO		RRIED B	altimore city o	City,		MD
\$10282 J	Ва	YORTOWN OF DEATH	Baitimo	SPITAL, NURSING HO CILITY, GIVE STREET ADDRE ONE CITY H	ospita		12a USUAL OF	CCUPATION (TYPE F WORKING LIFE)	OF WORK 12b. KI	ND OF BUSI R INDUSTRY	NESS
AND AND SECOND	Ma	RESIDENCE (IF IN NU SING HOW) ATE 136. 200 1 ryland	E OR OTHER INSTITUTION, GI	Baltimo	n re	13d. INSIDE CITY LIMITS	4727		lale Av	enue	
H. M. SOC	J	oseph		Carroll		Mary 17. INFORMANT	IDEN NAME	ADDRESS	Jeffer	son	
JAS AFTER DE S. GIVE PAGE WITH FORM I. PAGES I.A DIVISION OF	(YES	AS DECEASED EVER IN U.S. A NO, OR UNKNOWN) (IF YES, GN 18. CAUSE OF DEATH (Enter of	/E WAR OR DATES)	16b. SOCIAL SECU 218-78-		Mary Je	fferson			PPROXIMATE IN	
DIVISION OF VITAL RECORDS, 201 W. PHESTON ST WEB. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL OATE, WRITING THE WORD, "PENDING" IN PENCIL INTERNITY FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCNG OR. PAGE 3 SHOULD BE USED AS A BURIAL. TRAINST PERM HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE MID. 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	NO	PART I DEATH WAS CAUS REPART I DEATH WAS CAUS REPART I DEATH WAS CAUS IMMEDIA Conditions, if ony, whice gove rise to immediate couse (a) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITION	ATE CAUSE (o)	AS A CONSEQUEN	CE OF			ions		ween Onset a	
SHOULD I ORD "PEN CHIEF M BE USED A JT OF HEA SURIAL, C	RTIFICATION	19a. DATE OF OPERATION		TION FOR WHICH O						AUTOPSY?	NO []
DIVISION OF INSTRUCTE WRITING THE WARDED TO THE AGE 3 SHOULD B ATE DEPARTMEN 1201 PRIOR TO B	DICAL C	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE AT WORK AT WORK	F DEATH P.M	MONTH DAY Y	EAR	OW INJURY OCCU		OF HUJURY IN ITEM 18 P	COUNTY		STATE
TO MEDICAL EXAMINER. EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2.		ACTUAL SIGNATURE	or of the remains des	Swell .	Juicide	Homicide TITLE (SPECIFY	. Undetermine	ed monner ,	DATE SIGNED 1	/12/8 <mark>2</mark>	
TO MED EXECUTION PAGE 4 TO FUN AFTER D BALTIMA	23 a. BU	RIAL, CREMATION, REMOVAL		23c. NAME OF	CEMETERY (OR CREMATORY	Penn S	ONL	Ito., ME).	TF.
11 ~ BP	24 FU	urial NERAL DIRECTOR	1-16-82	Cedar			Balte Balte	STRAR 25b. REGI	STRAP'S SIGNAL	Md.	
(VR A15 ME (5))	C	HAS. A. RICI	E FSPA I	300 Euta	w Pl.	J	AN 1819	32 Pranc	ac Jan	Varke	

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

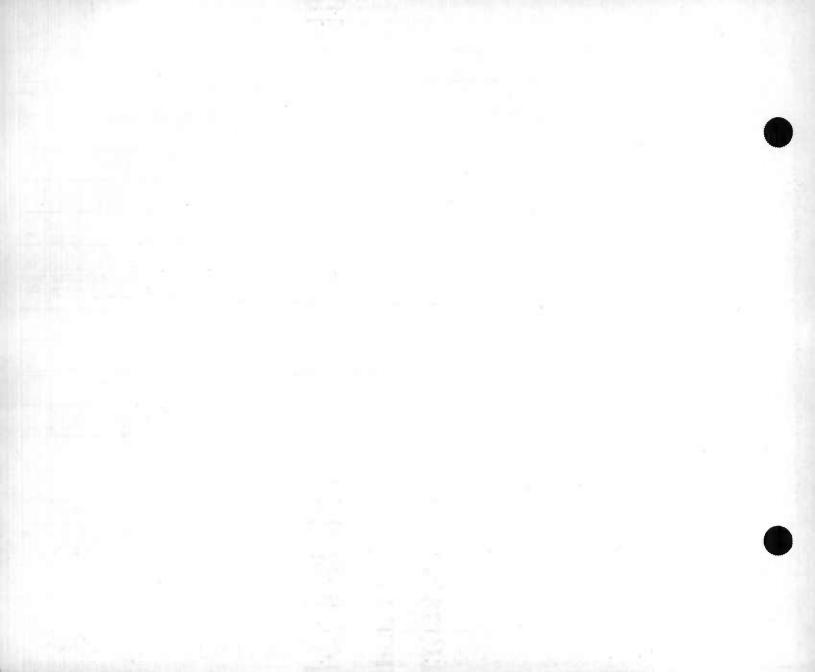




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10		FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 0 1 1 0 8 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.							
결목자동년		CEASED NAME E OR PRINT)	Nelli	ie	Mae	Jessa		26. DATE KNO OF ES DEATH MAT	TI- XX	25 ₁₉ 82	b HOUR
PIEST	3. SE	emale	white	DATE OF BIRTH	11 70 YR		R. IF UNDER 24 HR	S. 2c. DATE PRONOUNCED DEAD	1 2	DAY YEAR 2	12:54
D	V	RTHPLACE (ST. REIGN COUNTRY)	a	U.S	.A.	WIDOWED 😡	NEVER MARRIED DIVORCED	Ba		City	PM MD.
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D. 21201 IF ANY DEI S. AND 3 TO SHOULD BI VI RECPROS	130. S Ma	ryland	13b. COUNTY	OTHER INSTITUTION, GIVE	residence Before Admissio 134 CITY OR TOWN Baltimor	e YES 5	NO []	TREET ADDRESS	Paul S	treet	
A A SECON)	Andrey	V	WIDDLE	Beasley	N	THER'S MAIDEN NAMER STATES	WIDGLE		Jenkins	
BALTIMOR JES AFTER DE JE GIVE PAGE MITH FORM DIVISION OF	16s. V	NO, OR UNKNOV	DEVER IN U.S. ARME WN) (IF YES, GIVE WA	AR OR DATES)	219-10-7		PRMANT 7711 elyn E. (ttle Gre d-Balto		222
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI E. WRITING THE WORD "PENDING" IN PENCIL IN ITEM RWARDED TO THE CHIEF MEDICAL EXAMINER AGING RAPES SHOULD BE USED AS A BURIAL TRANSIT PERMIT STATE DEPARTMENT OF HEALTH AND MENTAL HERERY, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	NO.	Candition gave risc cause (a) lying caus		(b) DUE TO, OR A	OMBOSIS OF S A CONSEQUENCE O T NOT RELATED TO THE TERMIN			ery with	nemoperi	cardium	
F VITAL RECORDS, E SHOULD BE EXECT WORD "PENDING" E CHIEF MEDICAL E CHIEF MEDICAL ENTOF HEALTH AND BURJAL, CREMATIC	TIFICATION	190. DATE OF	OPERATION	196 CONDITIO	ON FOR WHICH OPERA	TION WAS PERF	ORMED?			20 AUTOPSY?	NO []
S CERTIFICATE S RITING THE WC RDED TO THE (RE 3 SHOULD BE E DEPARTMENT OI PRIOR TO BE	MEDICAL CERTIFICATION	216. EXTERNAL UNDERLYING CONTRIBUTION	CAUSE WAS OR IG CAUSE OF DE	21b. TIME OF I HOUR A.M. ATH P.M.	NJURY MONTH DAY YEAR	21c. HOW INJU	RY OCCURRED (ENTI	ER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART		
DIVISIO HIS CERTIF WRITING MARDED TO AGE 3 SHC AGE 3 SHC ATE DEPAI	MEDI	21d INJURY OF WHILE AT WORK	CCURRED	21e PLACE OF	INJURY (AT HOME, RY, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUN	NTY	STATE
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WHE PAGE 4 SHOULD BE FORWAR TO FUNERAL DISH FECTORE, PAGE AFTER DEATH, WITH HE STATE BALTIMORE, MARYLAND, 2120		ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	Vergues .	LDolan inginia	Accident , Suic	TITLEM.DAS	(SPECIFY) Ssistant MR 5 111 Pe	nn Street		1/25/8	2
P BP BP	13	Buri	ion, removal 236.	/28/1983	23c NAME OF CEM 2 Bel Air		dns. Be		Harford		
DHMH - 17 (VR A15 ME (5))	79	NAME 22 Wis	orDuda-Rise Avenue		c. dalk, MD.	21222	250. DATE REC'D.		Per Signal Signa	SNAVARE	





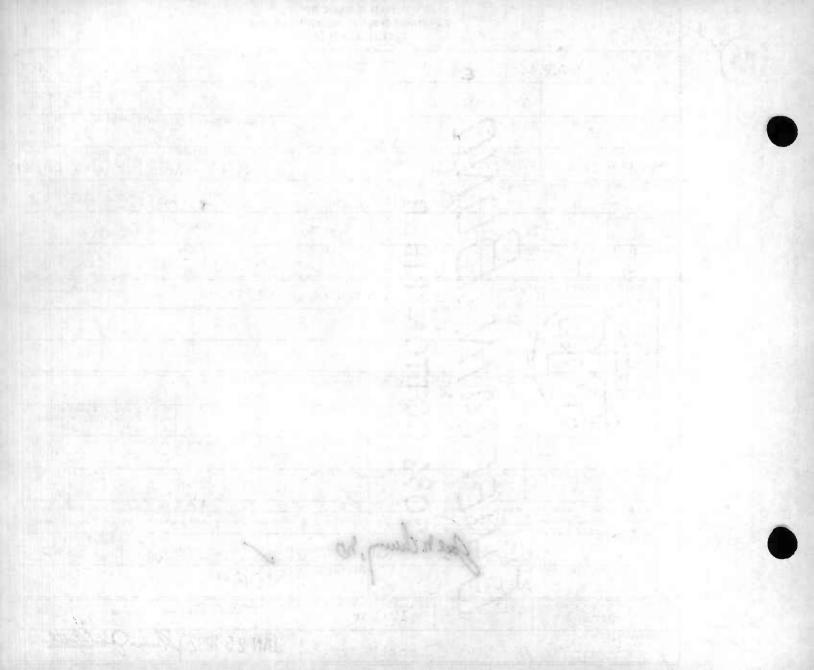
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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HATTY E. Suffers dr 2517 Front ST Burial 1-29-32 Mt. Aubers 194/308 da No Charles H. Powell Fly signisely sets

H	1.	FOR STATE		DEPARTM	STATE OF MARTE SENT OF HEALTH AND CERTIFICATE OF	MENTAL HYG	IENE 8 2	0	11	
7 5		REGISTRAR EASED NAME FIRST OR PRINT)	rice E		JIGGET			MONTH DA		26 HOUR 8-49
ector, pr	3. SE)	M	4. RACE	J	5. DATE OF BIRTH	18	6. AGE LINYEARS LAST BIRT	HDAY) III	FUNDER I YEAR	IF UNGER 24 HRS HOURS MIN.
uneral dir hin 72 hac of once.		OUNTRY) (STATE OR FOREIGN		\$A		NORCED	9 BALTIMORE CITY O	TY		MD
filed with	6	ACTIMORE	(IF NOT IN SUCH FAI	CHITY GIVE STREET		STITUTION	TYPE OF WORK FOR MOST OF	WORKING LIFE)	INIDILICATION	F BUSINESS OR Y MAKE
hould be	13a S	MA		CITY OR TOWN	NORE 138. INSIDE		13e. STREET ADDRESS	AURE"	MA ATT	Æ
300		THER'S NAME FIRST Major		ggetts	E	'S MAIDEN NAM	MIDDLE		ones	
physician and control and physician and control and physician and control and		(AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, A Yes	C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15-10-			iggetts 2			ta Ave.
ine tay requires that the beart has been signed by the attenc it permit. Then please remove co iene prior to burial, cremation, o tows any injury, or ather trauma	NO	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN UETASTATE A	(c)	-77.		D TO THE TERM	inal disease or cone	DITION GIVE	N IN PART 1(a	Λ.
	CERTIFICATION	19a. DATE OF OPERATION	METAST.	CA OF	OPERATION WAS PERFO PROSTATE		200 AUTOPSY? YES NO	IN CERTIFY YES		
burial-transit pe A Mental Hygiene or Item 18 shaws	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURRED)	DEATH HOUR A.M.	MONTH DA	Y YEAR 19 21f LOCATI	ION	RED (ENTER NATURE OF INJUR			
alth and marked o	ME	WHILE NOT WHILE AT WORK 270.1 certify that (1) (this has		FACTORY, OFFICE, FA	ARM, ETC) STREE	19	to 12	3 82 1	COUNTY	STATE
cpt. of He		saw the deceased alive abave, (!) (we) (did) (did 22b. SIGNATURE	on11231	82 10_	#) (aur) apinian c	death accurred an the do		and fram the c	causes stated
should be detact with the State De		22d. PHYSICIAN'S NAME (TYP	VATEL	you in	22e. ADDRE	55	DIRECTOR PHYSIC		1 1 2	13/82
₹ ¾ <u>₹</u>		URIAL, CREMATION, REMOVA	23b. DATE 1/28/8	2 Ba	ame of CEMETERY OR C	CREMATORY Cem.	Bailetimo	re	COUNTY	MDSTATE
30M 2/80 5, 4)		m. C. March	F/H 110	1 E. N	North Ave.	25a. DAT	N 25 1982	151 PGISTR	ARSEIGNAL	Perth.



10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be filled within 72 hours after death

MPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

requires that the death certificate be executed within 24 hours after death. Page 4 may

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFICATE (OF DEATH	REG	NO.		13	
T	DECEASED NAME FIRST		MIDDLE	LAST		20. DATE OF DEATH		DAY	YEAR	26 HOUR
	EAR	_	JOHNS.	ON			1	19	82	7/3
3	3. SEX	4 RACE		ATE OF BIRTH	AY YEAR	6. AGE IN YEARS LAS	BIRTHDAY)	IF UN	DER I YEAR	IF UNDER . LHRS
L	Male	Black		6/18/	23 "	58	YF		DATS	HOURS MIN.
1	TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	APPIED X NEV	VER MARRIED	9 BALTIMORE CIT	OR COU	NTY OF	DEATH	
	Maryland	U.S.A		DOWED	DIVORCED	BAITI	mor	e 1	Cita	MD
,	O CITY OR TOWN OF DEATH	II. NAME OF I	HOSPITAL, NURSING HO	OME OR OTHER	INSTITUTION	12a USUAL OCCUP	ATION	NG HEEL IN	b. KIND Q	BUSINESS OR
1	PAltimore	trou	udent h	tos 01	+41	Truck I)rive	r	ND OSTRI	
1	USUAL RESIDENCE (IF NURSING HOME OF 136 COU	IR OTHER INSTITUTION	131. CITY OR TOWN Balto.	13d INSI YE X	DE CITY LIMITS?	13e STREELADDRES			Ave	
T	4 FATHER'S NAME	WIDDLE	LAST	15. MOTH	HER'S MAIDEN NA	ME				
	Williams	Johns			Lilliam				LAS	I
14	60 WAS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SECURITY		RMANT	AD				
L	yes WW	II	215-18-56	77 Ma	rgaret	Johnson	Same	as	abo	ve
Γ	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS)	nly one couse per			2	^^			BETWEEN	MATE INTERVAL
		TE CAUSE (0)	RESPIR	ratory	LASU	fficiency				
l	7 4860	DUE TO, O	R AS A CONSEQUENCE	OF						
1	Conditions, if ony, which gove rise to immediate	(b)	rneum	oula						
ı	couse to stoting the	DUE TO, O	R AS A CONSEQUENCE	OF						
ı		((c)								
	PART 2 OTHER SIGNIFICANT	conditions co		BUT NOT RELA	ATED TO THE TERM	INAL DISEASE OR CO	NOITION	GIVEN IN	PART 110	3
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDI	TION FOR WHICH OPER	PATION WAS PE	RFORMED	200 AUTOPSY?	INCE			GS USED OF DEATH?
1	210. ACCIDENT WAS UNDERLYING			21c. HO	W INJURY OCCURE	RED (ENTER NATURE OF H	4		OR PART 2)	
ı	OR CONTRIBUTING CAUSE OF DE		M. MONTH DAY Y	19						
I	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e. PLACE	OF INJURY	21f. LOC	ATION	CITY OF	RIOWN		OUNTY	STATE
ŀ	WHILE NOT WHILE AT WORK	TAT HOME SIK	EET, FACTORY, OFFICE, FARM, ET		INCCI	ciii di	10411		001411	SIAIL
	22a.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no	1/19/8	2 10 8	ond that in (my) (our) opinion o	death occurred on the	18L dote and	hour and		that (I) (we) last couses stated
	226. SIGNATURE Nigel E.	R. Jack	Eman M. 1	DEGREE)	ATTENDING PHYSICIAN	MEDICAL S'	TAFF		220 DATE	SIGNED 9/82
1	224 PHYSICIAM'S NAME (TYPE			22e ADD	ORESS.	SP- 261	/	600	+ /s	LINGE
	NIGEL E.R				vident to				170	
L	30 BURIAL CREMATION, REMOVAL ISPECTIAL	1725,	/82 Md.	Vetera	or Crematory an Cem.	23d. LOCATION	nsvi	llę,	Md.	STATE
2	CHAS A. RICE	F FSPA	1300 E H	PIA	CC JA	N 25 1982	AR 25h REC	GISTRAR'S	SIGNATI	JRE STOR

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

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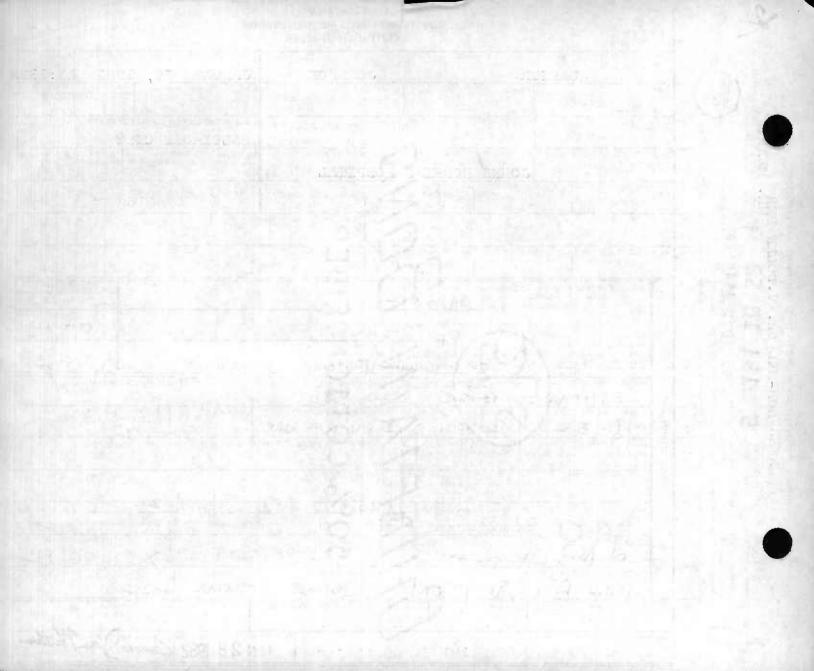
~				STATE OF MARYLAND		4 1 4 -2
0	1.	FOR STATE REGISTRAR	DEPARTM	IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	1113
	1. DE	CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
e Pe	(TYPE	EDNA	5	JOHNSON	01	16 82 746 PM
6 (M)	3. SE		1 RACE Negro	5. DATE OF BIRTH MONTH DAY 05 07 1893	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR FUNDER 24 HRS
Poo in a die		RTHPTACE THATE OR FOREIGN	75 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY	OF DEATH
deoth.		Ca,	U.S.A	MARRIED NEVER MARRIED WIDOWELL DIVORCED	BAltimore C	?ity MD.
rs after dec	10 C	Baltmore	11. NAME OF HOSPITAL, NURSIN LENOT IN SUCH FAGILITY, GIVE STREET,	GHOME OPOTHER INSTITUTION Baltmore	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	
212 hour be f		AL RESIDENCE (IF NURSING HOME OR		ADMISSION)	12. STREET ADDRESS	
AND n 24 h		MD	Baltin	YES NO	3605 W. Belv	edere Ave
within within d 2 sh	14_FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	ME AIDDLE	, IAST
MAR sed w		EAN	Simms		- 0	Simms
MORE,		VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	-+-
TIMO on o s. Po e e me		110	213-12-6	90 Mr. Lewist	4NN2816F11	icall DR.
BALT tote b spers, vol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ily one couse per line for (a), (b), and	l reis		BETWEEN ONSET AND DEATH
ertifico g phys bon pap remov c event,			E CAUSE (a) Carala	arrest		
on the cerbine cerb		4292	DUE TO, OR AS A CONSEQUE			
REST e deat mave totion, traum		Conditions, if ony, which	((b) ASC			
the remo		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
that d by leose iol, cr		underlying couse lost.	(c)			
squires squires then p to bur njury, and nju	NO	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO E	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 110
econ remit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES	, WERE FINDINGS USED
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hasp hasp ined f hem?		above, (l) (we) (did) (did no	ti viewlife body after death.	DEGREE		22c. DATE SIGNED
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TO FU with the MAPOR	220 1				THE LOCATION	7 / 14
798BP	230	SURIAL, CREMATION, REMOVAL	236. DATE	AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
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2	1.	FOR STATE REGISTRAR		DEPA	RTMENT OF H	OF MAKYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE 8 2	0 1		14
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ec ec	3 SE	x F'emale	4 RACE Bl	ack	S. DATE O	°1°2 1°90	6 AGE (IN YEARS LAST BE	RTHDAY) IF U	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
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no and co		VAS DECEASED EVER IN U.S. AF VES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? VE WAR OR DATES)	1		Mr. Cornel		ess _M aryl on 2214		21216 inoreAv
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retaining physician. When this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to buriol, cremation, ar removal. orked or frem 18 shows any injury, or other traumatic event, the medical examinermust beage.	NO	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, ((b) DUE TO, ((c) (c)	OR AS A CONSE	OUENCE OF		m = puln	7	MUS.	
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		27b. SIGNATURE	Spole	c		ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE S	IGNED
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20 (BP	1	SPECIFY) Burial	1/28	/82 A	rbutus	Mem. Park	Balltimo			
DHMH-16 30M 2/80 (VRA 15, 4)	He	NAME E NUTTER	FUNEVA	1-Home 3	MARYLAN 035 W. N	ORTH AVE.	AN 27 1982	251 REGISTRAR	SIGNATI	arthur .

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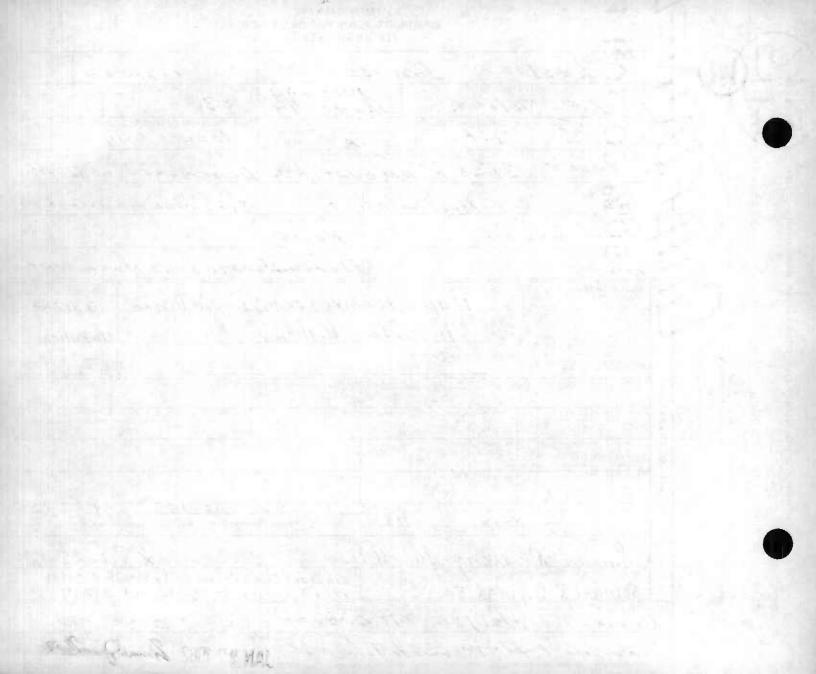
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 70. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) JUANITA JOHNSON JANUARY 26 1982 1:13BM 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 53 AR 28 28 Female Black TO BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED USA MD BALTIMORE CITY WIDOWED DIVORCED T 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore JOHNS HOPKINS HOSPITAL USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 131 COUNTY Baltimore 200 S. Ballou Ct. 13d. INSIDE CITY LIMITS? MD YES X NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST ANIDD1 F MIDDLE LAST FIRST ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Novella Gardner 2212 E. Eager St. N/A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY MIN 20 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which ASpiration gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF EsopHAGEAL VARICIES - BLEEDINO underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 RECORDS. NON CERTIFICATION MBUSE 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? ESOPHAGENL WAR NOF DIVISION OF VITAL 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE XO 220.1 certify that (1) (this hospital) attended the deceased from _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove (I) (we (did) (did not) view the body ofter death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME AVILORITIES 22e ADDRESS should b IMPORTA 230. BURIAL, CREMATION, REMOVAL 731 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 2/1/82 King Mem. Park Baltimore Co. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25 EGISTRAR'S SIGNAL DHMH-16 30M 2/80 1101 E. North Ave. Corners Wm. C. March F/H (VRA 15, 4)



1 1			STATE OF MARYLAND
3	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 1 1 6
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to burot, cremotion, or removol. injury, or ather troumotic event, th	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	The CAUSE (a) Cardio Pulmonary are the Ferminal Disease or Condition Given in Part 1(a)
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- / ;	-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY ATH HOUR A.M. MONTH DAY YEAR 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)
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IMPORTANT: #		22d. PHYSICIAN'S NAME (TYPE OF	URI Grandis Samantoni Holpital
3 3	23a. B	URIAL, CREMATION, REMOVAL	1-18-82 Name of CEMETERY OF CREMATORY 23d LOCATION CITY OF TOWN
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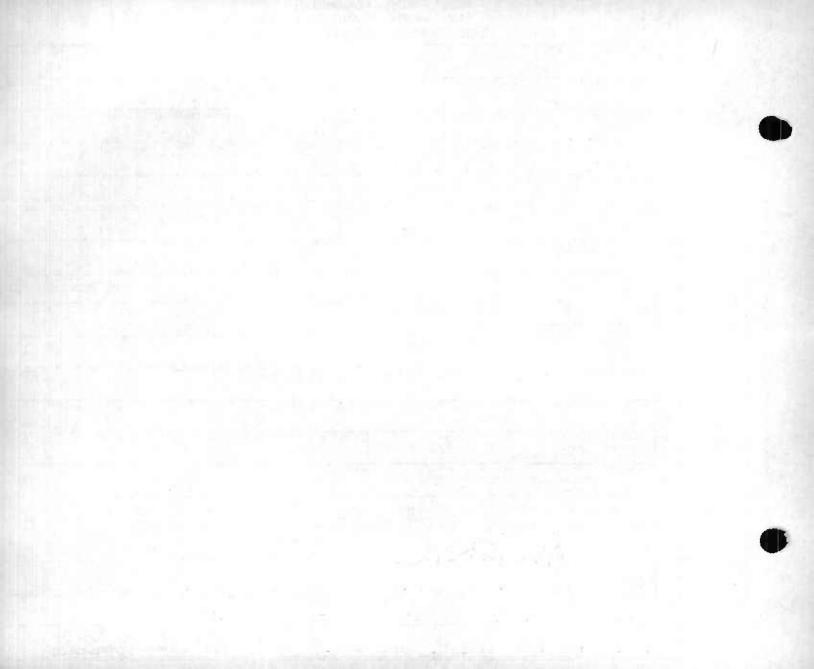
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equires that the signed by the Then please em to burial, crema niury, ar ather t	NO	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSECUTION OF THE CONTRIBUTIONS CONTRIBUTIONS TO THE CONTRIBUTION OF THE THE CONTRIBUTI			DITION GIVEN I	N PART 1101
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IG PHYSICIAN: The attending physician for this certificate his the burial-transit p and Mental Hygien ked or Hem 18 shawked or Hem 18 shaw	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK NOTIFY WORK	HOUR A.M. MONTH	19 21f LOCATION	RED (ENTER NATURE OF INJU		OR PART 2) COUNTY STATE
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O 7 BP	-	INERAL DIRECTOR	1/20/82 /Jages 635	MA DIDUNG	TE REC'D. BY REGISTRAR	,	Signa Pleather



1	1.	FOR STATE REGISTRAR		DEPA		EALTH AND MENTAL HY	GIENE 8 2	0 1	8	
1			IRST	WIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR	-
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You go	3. SE		4 RACE	A 21.	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		ER I YEAR IF UNDER 24 HRS	5
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Popes C		NAS DECEASED EVER IN YES, NO OR UNKNOWN) (IF	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES}	P 166 SOCIALS	ECURITY NO.	MERRIEL THON	ADDR IAS 3203 Det	ss lichmond rolt Ave	Va.	
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₽ = 5 3 ≥	23a	BURIAL, CREMATION, REA				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	Y STATE	
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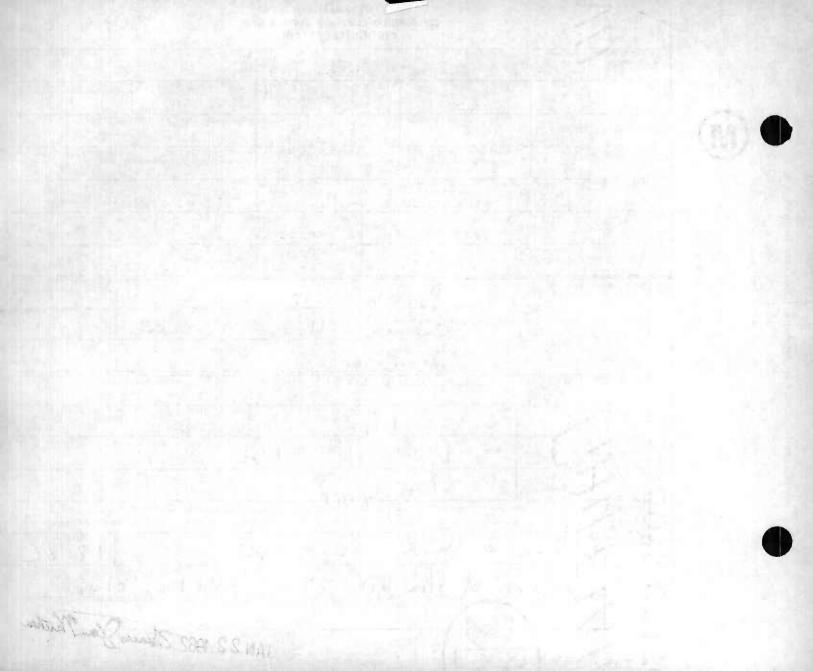
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH 7h HOUR poge 3 TYPE OR PRINTS B. 19 1982 Martha Johnson 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR JE LINDER 24 HRS 03 TEAR black 79 female 7a. BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Va Baltimore city USA WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR HEACILITY GIVE STREET ADDRESS)

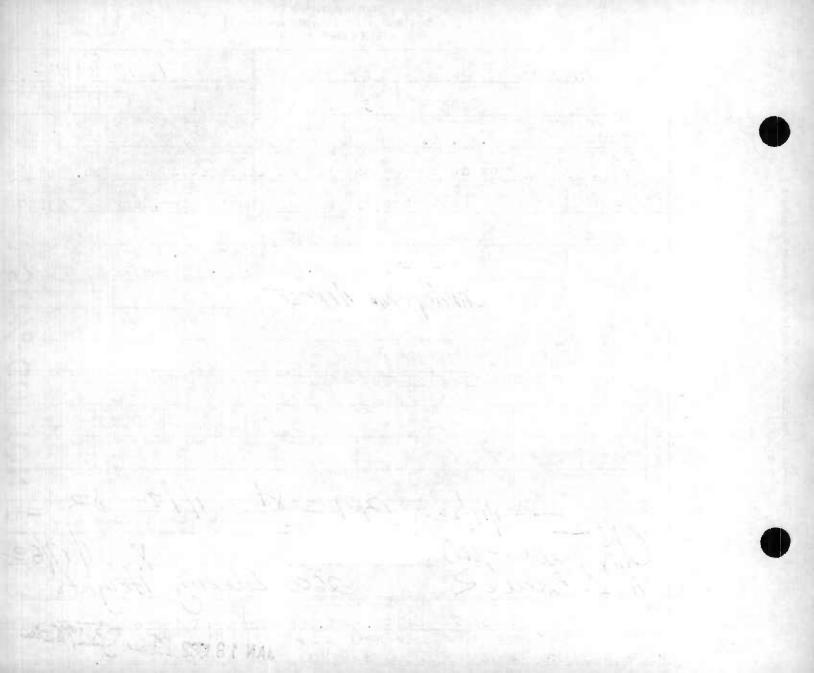
W. Mosher LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Street BALTIMORE, MARYLAND 21201 Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 2334 W. Mosher Street Baltimore Md NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Bright Thrower Peter Maria 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Pages (YES, NO OR HUKNOWN) (IF YES, GIVE WAR OR DATES) N/A Harry Bright 2334 W. Mosher Street 18 CAUSE OF DEATH (Enter only one cause per line for 1) (b), and ici.
PART I. DEATH WAS CAUSED BY: Aumhry 39 ONIGIA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 324361G 55W43 LEANIC gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost ATHTROSCEROSIS DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 190 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? bei YES NO 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJUR 214. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. YEAR OR CONTRIBUTING CAUSE OF DEATH lentol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M ŏ 21d INJURY OF CURRED 21e. PLACE OF INJUR 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FA FARM, ETC) It I certify that (I) (this hospital) ottended the deceased from saw the deceased olive on. and that in (my) (our) opinion death accurred an the date and hour and from the causes stated above. (| we) (dld) (did not) view the body after death 775 SYSNATURE 77¢ DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d RHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b var. NI (CHABD) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY William C. March F/H 1101 E. North Ave JAN 22 1982 BP 24. FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15. 4)



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AI	FOR - STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O REG. N	0 1 1	4 3
I. DI	ECEASED NAME FIRST * PE OR PRINT) ANALE	WIGORE	(M/ES)	20. DATE OF DEATH	MONTH DAY YEAR 17 82	26 HOUR 905
3 SE	Female	4 RACE Black	5 DATE OF BIRTH MONTH OAY YEAR 5 29 1900	6 AGE (IN YEARS LAST BI		
Children Street	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Inginia	76 CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY	OR COUNTY OF DEATH	hordon
	BALFIMOR		IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST DOMESTIC	OF WORKING LIFE) INDUSTRY	
130	JAL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NET PROPERTY OR TOWN BALTIMO	N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS		treet
Name of the second seco	ather's name Landon	Bean Bean	15 MOTHER'S MAIDEN N PIRST Betty			AST
	(YES, NOOR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	DUL		EsMaryland tin 5 Daub	21207
injury, or other trau	Conditions, if ony, which gove rise to immediate couse to isstating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO (NCE OF DEATH BUT NOT RELATED TO THE TER	minal disease or con	NDITION GIVEN IN PART T	{o
dor Item 18 shows ony injur	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDS IN CERTIFYING CAUSES YES	INGS USED S OF DEATH? NO
Item 1	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	YEAR 19	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART † OR PART 2)	
morked or	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
m 21 is m	obje ((did) (did no	tol) oftended the deceased from	ond that in (my) (our) opinion	n death occurred on the c	- province	, that (I) (we) last e couses stated
ANT: # Ite	226 MYS MANYS NAME (TYPEO)	evil.	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STA		17/82
MpORTANT: #	H. L. BRE BURIAL, CREMATION, REMOVAL	WER 236 DATE 236 N	2600 A	Liberity	1 Eigh	FS
230	SPECIFY Burial UNERAL DIRECTOR BACTIN	1/25/82 Ba	lto. Nat Cemet	CITY OR MILE	more City	state 2



	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 O	1126
	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be		Barbara	a E.	Jones	1	30 82 6:30P.M.
e a	3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ae ac		F	W	8 30 1903		S
G T		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH
Heart St.		Md.	U.S.A.	WIDOWED DIVORCED		City MD.
h ter o	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	176 KIND OF BUSINESS OR
by th		Balto.	266 S. Loudo		Housewife	O (112) 1 1140031K1
212	USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION) WN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
rilleo ould		Md.	Balto		266 S. Loud	on Ave.
tely 2 sh	14 F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	
MAR we had a work and we had a work and a wo		John	Brown	FIRST	Unknown	LAST
RE, d con ecut		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE		ADDRESS 6	6 S.Loudon
IMORE,	,	NO	/E WAR OR DATES)	William A.		ve. 21229
ALT re b re b re b			nly one couse per line for (a), (b),		001100	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., BA		PART I. DEATH WAS CAUSI		Quit 0	samme arter	On 25man
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he death common and and an among company or recommendation, ar an artendation are an artendation.		Conditions, if ony, which	DUE TO, OR AS A CONSEO	DENCE OF MILES CO.	Part Caroli Von	-c Diseas 70m
the of removements		gave rise to immediate cause 10), stating the	(6)		Cop (See - 1000)	
¥ 5 8 4 8 €		underlying couse last.	DUE TO, OR AS A CONSEO	UENCE OF		
20 pleed	1 -	PART 2 OTHER SIGNIFICANTI	CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION (GIVEN IN PART 1(a)
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RECORDS. law required by the second	1 1	190 DATE OF OPERATION	196 CONDITION FOR WHIC	TH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
05 205 1	ΙĔ				YES NOT	RTIFYING CAUSES OF DEATH?
ON OF VITAL HYSICIAN: The ding physicia is certificate b burial-transit I Mental Hygie	CERTIFICATION	210. ACCIDENT WAS UNDERLYING			RRED (ENTER NATURE OF INJURY IN ITEM	
SICIAN: ng physic certification rial-transental Hyg		OR CONTRIBUTING CAUSE OF DE				
ON OI HYSICI Iding p is cert burial. Mento or frem	MEDICAL	21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f LOCATION		
DIVISION ING PHYSI or attending After this ce os the buri ith and Mer	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
DIN Or		A) WOUL	ifal) attended the deceased from	may 10 6	0 . 1 - 20	19 9-7 , that (1) (we) lost
Tar Services			of view the body ofter death.	- 11	n death occurred on the date and I	
hosping AT hosping NRECT hed for bept to bept to them 2 them 2	-	obove, (I) (wat (did) (did 46)	on view the body ofter death.	PEGREE		22c. DATE SIGNED
0 0 0 0 0 =			1 an (Mel)	ALC ATTENDING	_ MEDICAL _ STAFF _	M. DATE SIGNED
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RI He			/			
TO HOSPITAL etained by 1 TO FUNERAL should be det with the Store			KayM.D.,P.A.			nore, Maryland28
	23a. I	BURIAL, CREMATION, REMOVAL SPECIFY)		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
100×BP	-	Burial	2-3-82 La	keview Mem. Park	Ca:	rroll Md.
DHMH - 16 50M 1/76		uneral director Truman Schwa	ah TO A ADDRESS	512 Frederick	TE REC'D. BY REGISTRARIUM HEG	SSIGNATURE
(VR A 15 (4))	G.	TIUMAM SCHWA	au, r.A.	Ave. 21229	3 1982 from	The state of the s

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINTS Srian 80 4 RACE 3. SEX 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR MONTH DAY YEAR aucasian TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 1 ino/2 WIDOWED DIVORCED timore ITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR 12a USUAL OCCUPATION IF NOT IN SUCH FACILITY, GIVE STREET ADDRE (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Non USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE READENCE BEFORE ADMISSION 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO D ackwood 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE arre 0.er 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMAN (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) E di Same APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0), DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which piration gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. Seizure PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 198 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (I) (this haspital) attended the deceased from , and that in (my) our opinion death accurred on the date and hour and from the causes stated DEGREE ATTENDING -MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS

DHMH - 16 50M 1/81 (VRA 15, 4)

0

230 BURIAL CREMATION REMOVAL

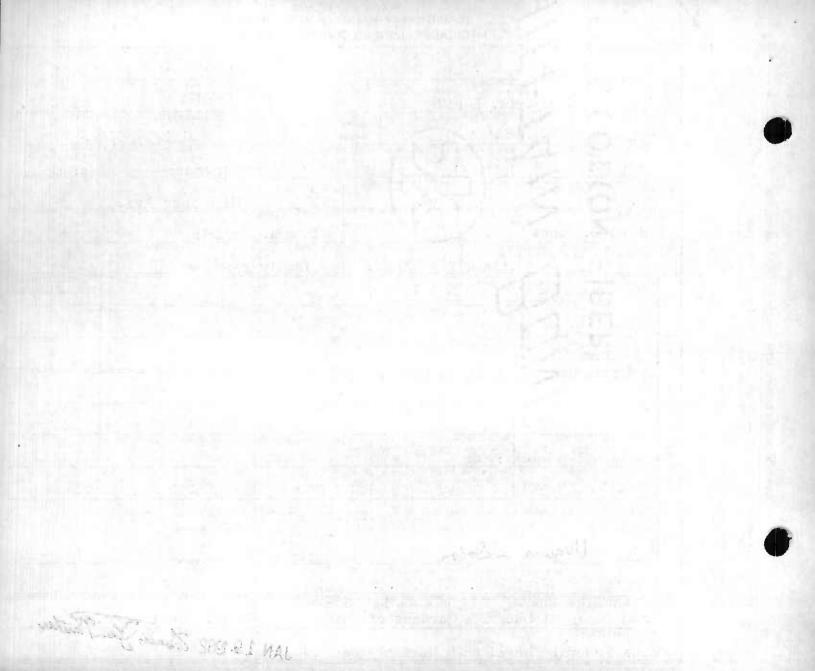
23b. DATE

23c NAME OF CEMETERY OR CREMATOR

23d LOCATIO

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XI.	FOR STATE				MENT OF H		AND ME	NTAL H		diam's		0	1	2	8
	REGISTRAR CEASED NAME PE OR PRINT)	FIRST		MIDDLE	EXAMINE	LA	ST	AIEO		0. DATE OF	EDII-	XX MONTI		YEAR	2b. HOUR
3 SE N N 10 C 130 S 14 F 1 16a Y 6		David	5. DATE OF BIRTH MONTH DAY	YEAR	6 AGE (IN YEAR	MONTHS		IF UNDER		2c. DATE PRONOUN DEAD	NCED	MONTH	DAY	19 82 YEAR	24 HQU
70 8	ale (STATE OREGIN COUNTRY) aryland	White	Sept. 5 76. CITIZEN OF WH USA	1948 TAT COUN			23	ER MARRI	IED 📙	9. BALTIM	ORE CIT	YORCOU	NTY OF D	1982 DEATH	[A . A
	Baltimore		11. NAME OF HOSI (IF NOT IN SUCH FAC	CILITY, GIVE ST	RSING HOME,	OR OTHER		_	12a USU	AL OCCU	PATION	TYPE OF WOR	Ins	-	
13a. S	AL RESIDENCE (IF IF STATE MD.		R OTHER INSTITUTION, GIV Y		OR TOWN	13	d. INSIDE CIT YES 💢	NO 🗆		ET ADDRE	SS	Ave.			
I	ather's Name Edward C				LAST		Ev	a M.		м	IDDLE			LAST	
y∈		{IF YES, GIVE V	VIETNAM VietNam vone couse per line	219	500 62		INFORM fa	amily	rec	ords	ADDR	ESS		PROXIMATE	
NO	gave rise couse (o) sto lying couse l		ONTRIBUTING TO DEATH O		SEQUENCE O		R CONDITION	GIVEN IN PAI	RT 1 (a).						
CERTIFICATION	19a. DATE OF OP	ERATION	19b. CONDIT	ION FOR Y	WHICH OPERA	TION WAS	PERFORA	AED?						UTOPSY?	
MEDICAL CERTIFICATION	210 EXTERNAL C UNDERLYING CONTRIBUTING 21d INJURY OCC WHILE N AT WORK	CXOR ☐ CAUSE OF D	218 PLACE C	MONTH F INJURY	13 19 82 (AT HOME,		ject TION	was	stab	bed	WN	ore, M	COUNTY	and	STATE
		nat I took charge	e of the remains described and causes	77.00		Autopsy ide,	Hamici	Inspection	Undete	Inquiry rmined mo	inner [ond in my o	opinion E	1-13-	-82
1 22	EXAMINER'S NA (TYPE OR PRINT)		rginia L.				DRESS			Penn	Stre	et			
b	urial, cremation specify) urial urial		1/16/82		dens o		th		Bal	to. (Coun:	V- V	d.	STA	ITE .
E	vans Fu	neral (Chapel 88	800 H	arford	Road	d	JAN	19	1982	gran	GISTIAN			



FOR STATE REGISTRAR		DEPARTMENT	STATE OF MARYLA OF HEALTH AND A RTIFICATE OF D	MENTAL HYG	ENE 8 2	(C) i i	2
ITYPE OR PRINT)	IRST MIDDL	E	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
ELI	ZABETH H	• [1]	JONES			1	8 82	9:50
3. SEX	4. RACE	5. C	DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAYS	IF UNDER 24
Female	White		3 24	03	78	YRS.		
70. BIRTHPLACE (STATE OR FORE COUNTRY)	OS.A.	M	ARRIED NEVER	MARRIED	Balto. Ci		TY OF DEATH	
10 CITY OR TOWN OF DEATH	11. NAME OF HOSE		OME OR OTHER INS	Toward .	12a USUAL OCCUPAT	ION		OF BUSINES
Balto.			ing Center		Secretary		Pap	er
USUAL RESIDENCE (IF NURSING 130. STATE Md.	COUNTY 13c.	RESIDENCE BEFORE ADMIS CITY OR TOWN alto.	13d INSIDE C	ITY LIMITS?	13e. STREET ADDRESS 6833 Ble		m Road	
14 FATHER'S NAME FIRST William	H. Hen	nighausen		S MAIDEN NAM FIRST rtha				art
160 WAS DECEASED EVER IN ((YES NO OR UNKNOWN) NO	YES, GIVE WAR OR DATES)	SOCIAL SECURITY		erbert			irch Ro	
18 CAUSE OF DEATH (E	inter only one couse per line CAUSED BY:	for (a), (b), and (c).)	1/2	/			APPRO) BETWEEN	ONSET AND DE
	MEDIATE CAUSE (a)	Viceor	COST V/	eu/m	AceiDe	ut	M	wytes
4366 Conditions, if any, w	DUE TO, OR AS	A CONSEQUENCE - G ENEN	OF - /	ALTE 1	Acei De	ut.	41	S
4360	DUE TO, OR AS	A CONSEQUENCE	ALIZE!	ALTE 1	AcerDe	ut.	70	S
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Canditions, if any, will gave rise to immed cause (a), stating underlying cause I	DUE TO, OR AS nich tote the ost. CANT CONDITIONS CONTE	A CONSEQUENCE A CONSEQUENCE RIBUTING TO DEATH A D PSY,	OF H BUT NOT RELATED	ALTE I	Lioselpnos	ADITION G	70	(a)
Conditions, if any, which was a couse (a), stating underlying couse I	DUE TO, OR AS (b) DUE TO, OR AS DUE TO, OR AS (c) CANT CONDITIONS CONTE N 19b. CONDITION (ING	A CONSEQUENCE A CONSEQUENCE RIBUTING TO DEATH A PSY, N FOR WHICH OPER	OF H BUT NOT RELATED PRIÓN RATION WAS PERFO	TO THE TERMI	NAL DISEASE OR CON	POITION G	ES, WERE FINDI	NGS USED S OF DEATH?

27/2BP____

DHMH-16 30M 2/80 (VRA 15, 4) 24 FUNERAL DIRECTOR
NAME Anatomy Board

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Removal

226. SIGNATURE

Balto., Md.

236. DATE

DEGREE

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

250. DATE REC'D. BY REGISTRAR 256. REGISTRAP'S SIGNATURE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23d. LOCATION

22c. DATE SIGNED

STATE

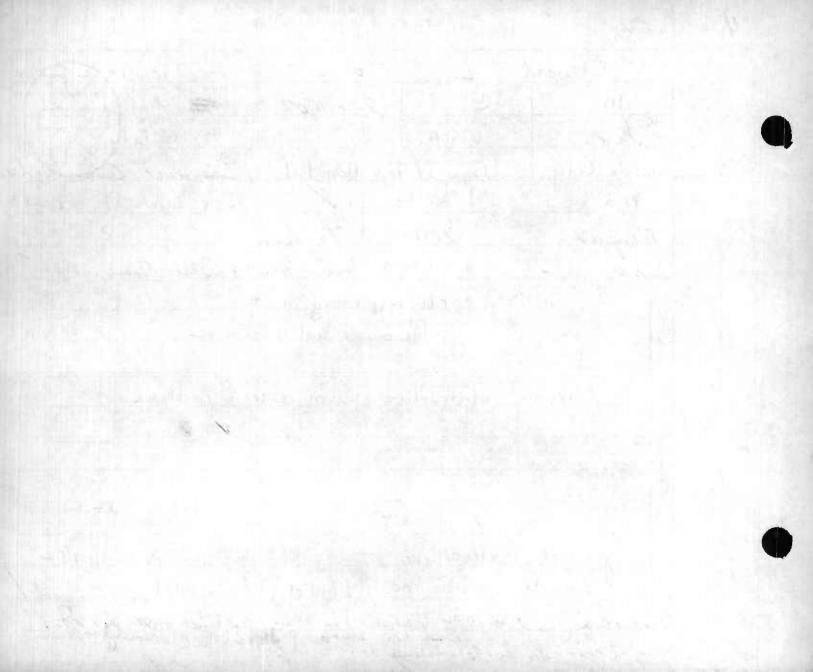
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Distress, M.

	1		STATE OF MARYLAND	
4	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE S REG. NO.	1 1 3 0
o e pe		CEASED NAME FIRST	1	DAY YEAR 26 HOUR
noy be	3. SE	Llwoo	d L. Jones 4 RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY)	7-82 5:29A
age 4 m rector. urs ofte		m	C 7-20-1907 74 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
deoth Puneral d		STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 1 13916. Ci	OF DEATH MD.
201 is offer by the f filed with	1	Balto. City	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION ORKFORMOST OF WORKING LIF	Mb. KIND OF BUSINESS OR INDUSTRY. Quella.
AND 212 24 hourst be in ould be in	130.	AL RESIDENCE (IF NURSING OME O	NTY 130 CITY OR TOWN 130 CITY OR TOWN 150 TEST NO 1 130 STREET ADDRESS 1268 James	St. 2/223
E, MARYL,	14 F.	THER'S NAME FIRST OPL	MIDDLE STEEL IS MOTHERS MAIDEN NAME MIDDLE	P LAST
TIMORE, be execut on and co		VAS DEGLASED EVER IN U.S. AF ES. NO (KUNKNOWN) (IF YES, GI	NAMED FORCES? VEWAR OR DATES) ADDRESS ADDRESS ADDRESS ACTION OF THE PROPERTY OF THE PROPE	nie. 2/22
11 W. PRESTON ST., BAA that the death certificate that the attending physici ease remove carbon papers of, cremation, or removal.		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 -60 min.
RECORDS, 20	CERTIFICATION	PART 2 OTHER SIGNIFICANT Chron 190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES	EN IN PART 110 , WERE FINDINGS USED YING CAUSES OF DEATH?
The The Coor	CERTII	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE CARRY IN LIE A. IR. P.	NO NO
N OF VITAL SICIAN: ng physic certificor certificor vital-tron vital-tron lentol Hy		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY YEAR	
DIVISION ING PHYSIC of the burn of the bur	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME STREET, FACTORY OFFICE FARM ETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
R ATTENDIN hospital or RECTOR: Af red for use o ppt. of Health			itol) attended the deceased from 117 19 19 10 107	19, that (1) (we) lost rand from the couses stated
the Doct		22b. SIGNATURE	Bathon mo DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	220 DATE SIGNED
HOSPI nined b FUNEI vold be h the Si		220. PHYS, CIAN'S NAME (TYPE OF		1 (1 10
5 g 5 d x x x x x x x x x x x x x x x x x x	239	BRIAL, CREMATION, REMOVAL	23b. DATE 23c NAME OF CRAFTERY OR CREMATORY 23d LOCATION	- 0
2102BP		mation	1-20-1982 Kestniew hem. Ph. Calmarello Ball	En opel.
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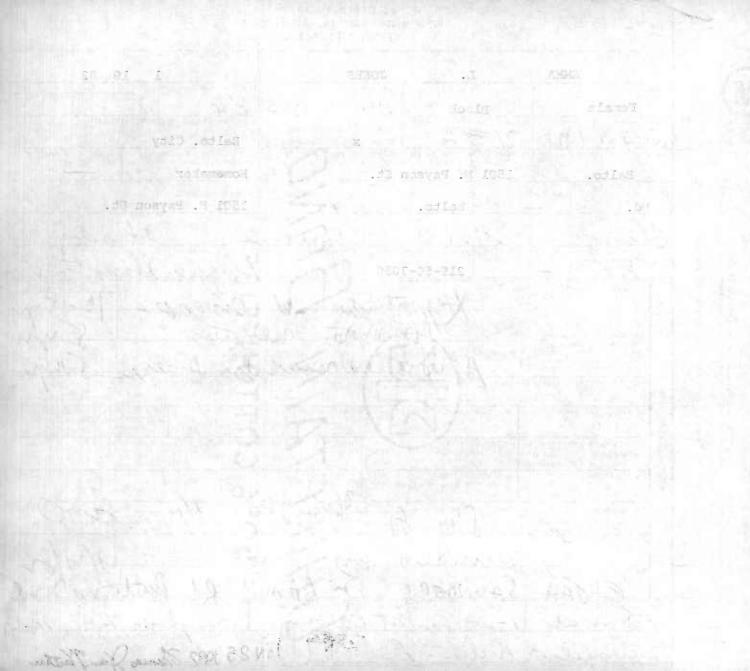


STATE OF MARYLAND

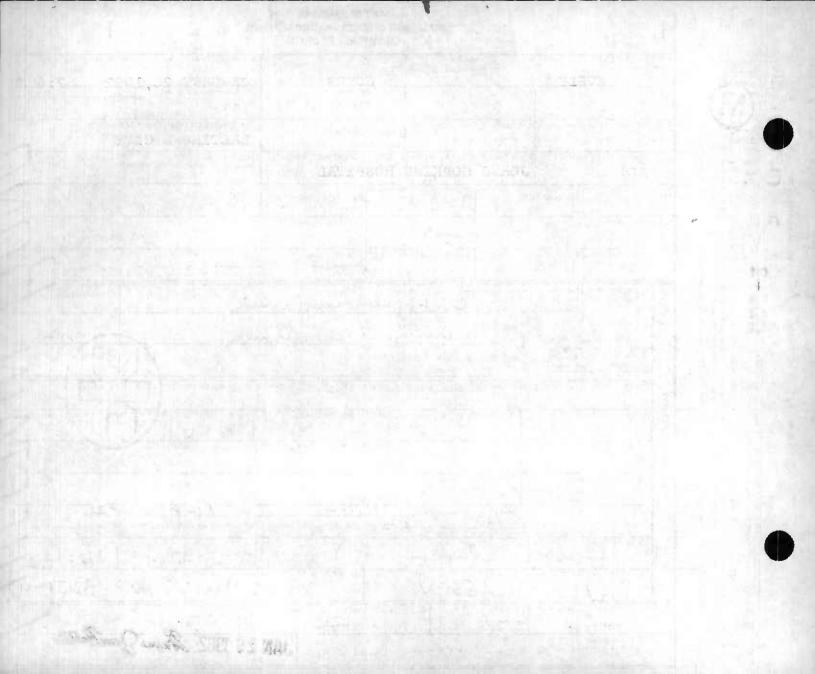
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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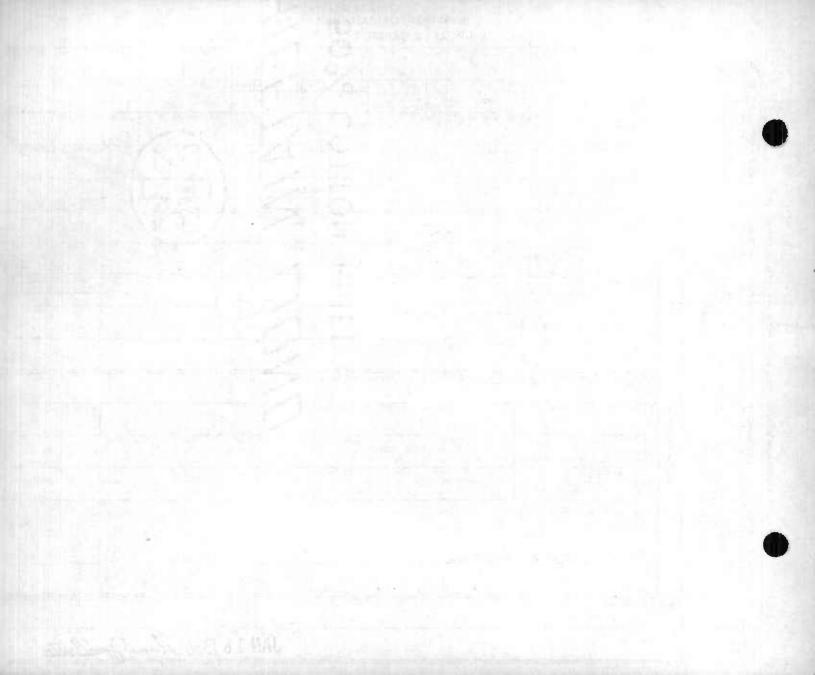
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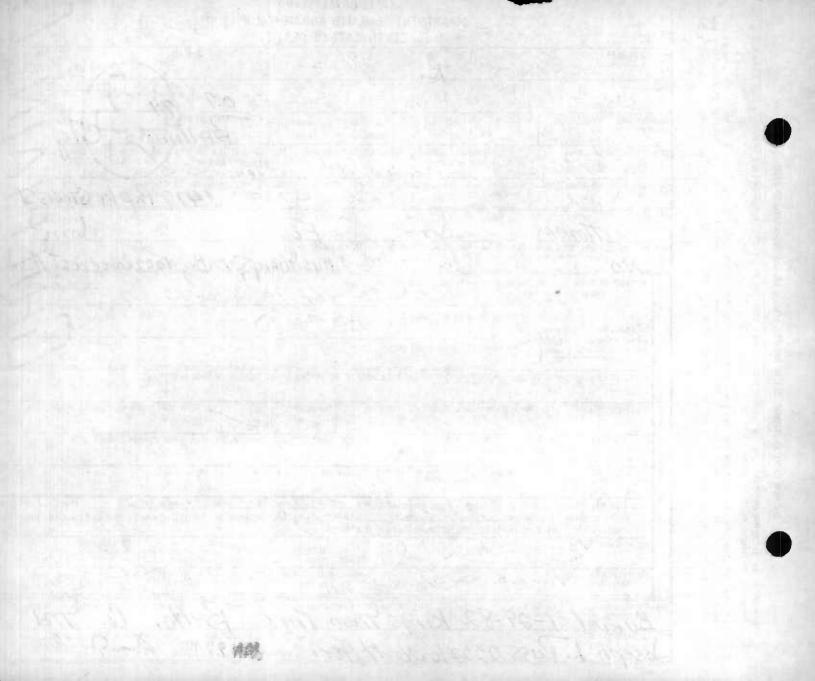
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L ten		CEASED NAME FIRST	MIDDLE	And an	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
TT TO THE		EVELYN			IONES	JANUARY	28, 1982	7:40A
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ed within 24 mpletely fille and 2 shauld		THER'S NAME	WIDDLE	AST	15 MOTHER'S MAIDEN	NAME		LAST
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BALTIMORE, corection and corpores, Pages I avail.	16a V	VAS DECEASED EVER IN U.S. AR (ES, NORUNKNOWN) (IF YES, GI	RMED FORCES? 16b SOCIA	L SECURITY NO.	TEKONE A.	WILCOX 38	08 Cedai	r Drive
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (o), ED BY: TE CAUSE (o)	(b), and (c).)	moran a	vest	3	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
01		1619	DUE TO, OR AS A CON		0 /			2 4450
W. PRESTON not the deather by the attendin se remove cab ceremation, or a		Conditions, if ony, which gove rise to immediate couse (a), stating the	(6)	mgea	caren	ama		Lugas
that that the by the sesser all, cre	Ŋ.	underlying couse lost.	DUE TO, OR AS A CON	ISEQUENCE OF				
	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BU	T NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVEN IN F	PART I(o)
L RECORDS, n. no been sign permit. Then me prior to be we any injury.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	FINDINGS USED CAUSES OF DEATH?
N: The vysician. vysician. Hygiene ha consit pe Hygiene Hygiene	CERT	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJU	-	
YSICIAN: ding physis s certificat sourial-tran Mental Hy	SAL	OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR				
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ATTENDIN hospital or a RECTOR: Aff RECTOR aff provise as pp. of Health em 21 is mor		sow the deceased alive on	. 195	C -		ion death accurred on the d		
OR he ho		226. SIGNATURE	d Class	eln !	DEGREE ATTENDING PHYSICIAN	G MEDICAL STA	FF \	1 28 187
O HOSPITAL etained by the TO FUNERAL should be det with the State MAPORTANT.		22d. PHYSICIAN'S NAME (TYPE O	KLASSE	V	22e ADDRESS	NS HOPKIN	S HOSP	BALTI MÒ
of of with with	23a. 6	BURIAL, CREMATION, REMOVAL	100 100 1		CEMETERY OR CREMATO		1.	
BP		BURTAL	2/2/82	CEDA	HILL CE	CITY OF TOWN	nie count	Md .
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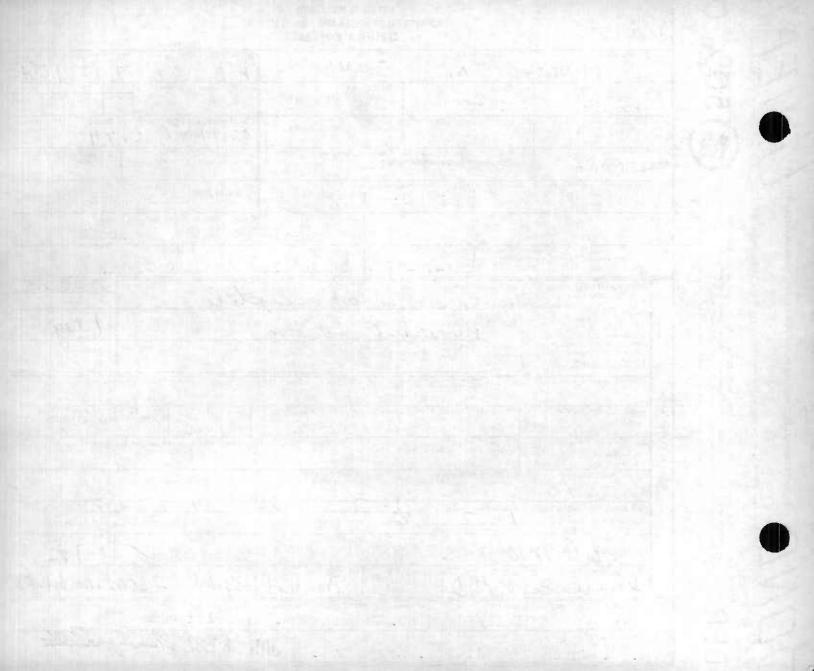


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The state of the s		CEASED NAME PE OR PRINT)	Hele	n	WIDDIE		Jones		01	KNOWN XX ESTI- MATED [DAY YEAR 5 19 82	26 HOUR
S STREET	3. SE.		ack	6 .7	YEAR LAST BIRTH	YEARS IF UI	NDER 1 YR. IF L	JNDER 24 HRS.	2c. DATE PRONOUN DEAD	ICED	HTHOM	5 1982	24 HOUR 6:45 P. M
NECESSA FUNERAL FUNERAL W. PRESIG		IRTHPLACE (STATE OR DREIGN COUNTRY)	7	76. CITIZEN OF WI			RIED NEVER	MARRIED		orecity of	COUNTY	2 02	MD.
MD. 21201 H. IF ANY DELAY IS N. 2, AND 3 TO THE FU. 3. RETAIN PAGE 2 SHOULD BE FILED. ALREORDS, 20 W	В	altimore		(IF NOT IN SUCH FA	PITAL, NURSING HOA CHUTY, GIVE STREET ADDRESS I dent Hosp	ital	HER INSTITUTION	12a. USU FOR I		ATION ITYPE		OR INDUST	USINESS
21201 F ANY D AND 3 RETAIN HOULD I	13a S	AL RESIDENCE HEINNI TATE MD	13b. COUNTY	OTHER INSTITUTION, GI	13c. CITY OR TOWN Baltimo	SION)	13d. INSIDE CITY LIK		EET ADDRES	ss V. Nor	oth A	Ave.	
PRE, MD. DEATH. IF SES 1, 2, A PM 3. AND 2 SI	1	ATHER'S NAME FIRST Arthur		WIDDLE	Forester		15 MOTHER'S	MAIDEN NAME	MI	DDLE		LAST	
BALTIMORE, A RS AFTER DEATH 8. GIVE PAGES 1, WITH FORM PM 7. PAGES 1 AND DIVISION OF VIT	()	WAS DECEASED EVER ES, NO, OR UNKNOWN) VO	R IN U.S. ARME		214-20-1		Robin	Jones	Gee	ADDRESS	N. F	remon	nt Ave
201 W. PRESTON ST UTED WITHIN 24 HO IN PENCIL IN ITEM 1 EXAMINER ALONG IAL - TRANSIT PERMI O MENTAL HYGIENE, ON, OR REMOVAL.		Conditions, if gove rise to couse (o) stoting lying cause lost	ony, which immediate g the under-	BY: CAUSE (a) Ar DUE TO, OR (b) DUE TO, OR (c)	far (o), (b), and (c).) teriosclere AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TE	OF			Disea	se		APPROXIMAT BETWEEN ONSE	T AND DEATH
ITAL RECORDS, HOULD BE EXEC. RD "FENDING". FHIEF MEDICAL. USED AS A BUR OF HEALTH ANI RIAL, CREMATII.	CERTIFICATION	19a DATE OF OPER	ATION	19b. CONDI	ION FOR WHICH OP	RATION W	AS PERFORMED	?				20. AUTOPSY	? NOXX
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DIVISI HIS CERT WRITING ARDED AGE 3 SH ATE DEPA	MEDICAL		WHILE D		OF INJURY AT HOME, ORY, FARM, ETC.)		CATION STREET		CITY OR TOW	/N	COUNT	(4	STATE
WEDICAL EXAMINER E. 4 SHOULD BE FOIL E. 6 SHOU		220 L certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	n: Natural	LAOL	cribed above, held an Accident , s	Autap	nsy , Ins , Hamicide TITLE (SPECI A.D. ASS IST	ant MED	Inquiry Penn	nner ,	DATE	ion 1-17-	-82
DE PAGE	13	urial, cremation, F SPECIFY) Burial		DATE /21/82	Z3c. NAME OF C		RCREMATORY		CATION ORTOWN 1time	ore	COUNTY		TATE MD
DHMH-17 (VR A15 ME (5)) 15M 2/80	-	uneral director n. C. Mai	ch F/	H 110	l E. Nort		25a. I	DATE REC'D. BY	REGISTRAL 8 1982	25h AEGIS	TRAR'S SIG		9



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH page 3 **DECEASED-NAME** First Last 2g. DATE OF DEATH 2b. HOUR JONES JAMES (Type ar print) Month director, 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. MALE last hirthday) MONTHS DAYS HOURS ofter death. 7a. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 451 WIDOWED [DIVORCED 12b. KIND OF BUSINESS OR INDUSTRY 10. CITY OR TOWAY OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done Pe during most of working life, even if retired.) shauld BALTIMORE, MARYLAND 21201 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITYOR TOWN 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NO pup 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unknown) papers. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (7.7) Tilken bosis PART I. DEATH WAS CAUSED BY: PRESTON STREET, IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause please PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, permi 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH DPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO -21a. ACCIDENT WAS UNDERLYING T 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) burial DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natity medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town State County While Not while at work 220. I certify that (I) (this hospital) attended the deceased from. 4/17/79.19 1/24/02 19 saw the deceased alive an_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS TO FUNERAL shauld be NAME (Type) 23d. TOCATION (City or Town) BURIAL, CREMATION, (County (State) MOVAL (Specify) FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 3/72 25M (VR A15 (4))





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fer, page 3

campletely filled in by the

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic event, the medical examiner must be nati

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages I with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal.

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

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	1.	FOR STATE	DE		EALTH AND MENTAL HYG	IENE 8 2.	0 1 1 .	5 /
	1 DEC	REGISTRAR CEASED NAME FIRST	WIDDLE		AST	REG. NO.	DAY YEAR 2b. H	OUP
	(TYPE	ORPRINT) William		Jo	nes		12 82 7	AM
	3. SEX		4. RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOUR	DER 24 HRS
		Male	Black		25 41 41	40 YRS		
0	CC	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH	
-	-	ryland	U.S.A.	WIDOWE		Balt- Cit	V	MD.
7	BA	TY OR TOWN OF DEATH	Provident	Hospit		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUS INDUSTRY	INESS OR
	130. S Ma	ryland	ITY 113c CITY O		134 INSIDE CITY LIMITS?	1703 Thomas	Avenue	
0		THER'S NAME Prederick	Jon	es	15. MOTHER'S MAIDEN NAM	ME MIDDLE	Buck	ner
		AS DECEASED EVER IN U.S. AR.	WAR OR DATECT	36-6657	17 INFORMANT Emma Mae C	ooper-same a		
		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost.	y ane couse per line by an D BY: E CAUSE (o) DUE TO, OR A CON (b) DUE TO, OR AS A CON	NSEQUENCE OF	esperatay Facles	destres Sy	APPROXUMATE IN BETWEEN ONSET /	ITERVAL IND DEATH
	NOIL	Hype,	rpyred	ed:	Hyperk	NAL DISEASE OR CONDITION (
7	CERTIFICATION	190 DATE OF OPERATION	Render Ton	ter Se	the Mer	YES NO IN CER	YES, WERE FINDINGS U TIFYING CAUSES OF DE YES NO	SED EATH?
1		210. CIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TH DAY YEAR	211 HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM)	8, PART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (1) this haspill saw the deseas above, (1) five it for did no 22b. SIGNAT	A France	19. 8.7 /or	7, 19 2 nd that in (my) (aur) apinion of DEGREE	death occurred on the date and h		
		22d/PHYSICIAN'S NAME (TYPE O	821(N	les 1	ATTENDING PHYSICIAN C	MEDICAL STAFF DIRECTOR PHYSICIAN	1/12	182
	Ŋ.	Ronaldt). Miles		Provide	nt Hosp	7//	
		urial, cremation, removal	1-16-82		emetery or crematory uburn	Balto (West	oort)	Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

24 FUNERAL DIRECTOR FSPA 1300 Eutaw Pl. RICE

Balto.(Westport

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12		FOR - STATE REGISTRAR		MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	1 1 3 8
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	3.58	MALE	Black	5. DATE OF BIRTH 32 MAIL 12 /2 38	49 43 VRS.	MONTHS DAYS HOURS AND
(M)	36	COUNTRY) Md.	JE CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
1 p 1/6	Z	BALTO.	LUTHERAU HE	sp. of Md.	17st USUAL OCCUPATION (TIPE OF WORK FOR MOST OF WORKING):	125 KIND OF BUSINESS C
The Royal Control of the Royal	USU 13e.	AL RESIDENCE IN MURSING HOME STATE 13b. CO	ON OTHER PERIODICAL ONE RESIDENCE SERVICE SERV		2815 W. LANU	Ale St.
Manual Control of Cont	M .	LLIAM		S, SR. CLARA	Your	TAN .
A foges		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC ONE WAR OF DATES! 220 24		3405 Carlisle Av	e.
en signed by the of Then please ramo or to bursol, crement injury, or other tre	NON		DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO		RMINAL DISEASE OF CONDITION GI	VEN IN PART NO
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CTOR: After for use or of Health co. 21 to more	1	27s.1 certify that (I) (this has saw the deceased along above (I) two) (did) (did)	ippol) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19		1 to 1/3/	
FUNERAL DIRECTOR OF THE STORE DEPT.		THE SIGNATURE	raning	DEGREE ATTENDING PHYSICIAN 22* ADDRESS	MEDICAL STAFF	224, DATE SIGNED
TO FUN should by with the	73a	Henry J.	AL Tibb DATE / 123c.	NAME OF CEMETERY OR CREMATOR	Horital of M	aryland
BP		burial UNERAL DIRECTOR	2/4/82 K	ing Memorial	ATE REC'D. BY REGISTRAN 256 DEGIS	COUNTY STATE
MH-16 30M 2/80 (VRA 15, 4)	12	NAME OF DURE	It 4600 Libratt	Hants Ave F	EB 3 1982 Them	Quan Mar Clar

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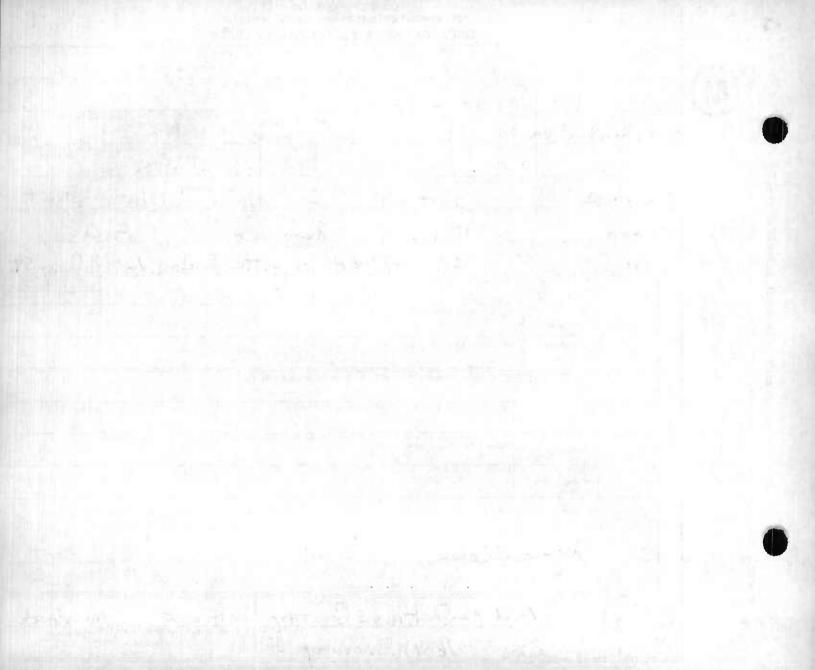
	20+1		y	FOR STATE REGISTRAR		DEPA	RTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2	0 1	1 3	9
		1		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 26. HO	UR
	1500	X		ALBERT		Liam	JORI		JANUARY :	11, 1982	9:5	3 PM
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	4 50	2	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8. MARRIE	D A NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DE	EATH	
	deat deat	2		bart, Indiana	USA		WIDOWE		BALTIMOR			MD.
5	s ofter by the I	ootified	0.1	ty or town of death	(IF NOT IN SU	CH FACILITY, GIVE ST	REET ADDRESS)	HOSPITAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Hardware	OF WORKING LIFE) IN	. KIND OF BUSIN OUSTRY .e.r	IESS OR
212	pe pe	pe	USU/ 130. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION		FORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		eenstow	n, Md.
AND	hin 24 h	35	Mo	P, OLO CE.	Anne.	Queen		YES 🛛 NO 🗌	Rt. #1 Box	1	21658	(i) a
1	- SE-C	gine	14 FA	THER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN N	AME		LAST	
MAK	137 (25)	exomo		Jabez		Jordan		Anne		Han		
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MO		ше		yes Kore		213-28-	1820	Marjorie A	nn Jordan	Queenstow	n, Md.	21658
JORDAN ALBERT DIVISION OF VITAL RECORDS, 201 W. P配等的答案, 点面的nore, MANTAND 21201	Certificate Copplysicia	event, the		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIA	nly one couse pe ED BY: TE CAUSE (o)	er line for (o), (b),	and (c).)	t			S sum	ERVAL ID DEATH
SA SA	100 CE 10	otic	06	1539		OR AS A CONSE	QUENCE OF			336	21	-
0 15	the Soften	m o o		Conditions, il ony, which	(b)_		onia				Lucro	
W. P.	by the ose rem	other tr		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, (OR AS A CONSE	WENCE OF	Colon C	0			
1DS, 20	quites to signed the ple	njury, ar	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN	PART 1(o)	
RECOR	low re los been permit. I ne prior	ws out	CERTIFICATION	19a. DATE OF OPERATION	196 CONE	DITION FOR WH	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERI	E FINDINGS US CAUSES OF DEA	ATH?
E AI	ore ore	of	ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY		21c. HOW INJURY OCCU	- 40			
, F	7 - 12	8 G	-	OR CONTRIBUTING CAUSE OF DE	Alli		DAY YEAR					
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ō	Or or Affre Affre olth	E S		27a.1 certify that (I) (this hosp	ital) attended t	he deceased fro	m 1/7/8	10	to	19	32 that (1)	(we) lost
The last	or or of He	21 is		sow the deceased alive or		1	82,0	nd that in (my) (our) opinio	n death occurred on the d	ote and hour and f	rom the couses s	toted
	OR AT e hosp DIREC oched f	E	-	22b. SIGNATURE	view the bod	y offer deoth.		DEGREE			C. DATE SIGNED	
		=		111	0,111	ides		ATTENDING PHYSICIAN	MEDICAL STA		1/1/82	
	HOSPITAL ined by th FUNERAL old be deta	Z -		274. PHYSICIAN'S NAME (TYPE	OR PRINT)	3000		22e. ADDRESS			4110	
	Da Bat	OK.		M.G Mis	F.			600 N.	Wolfe)	t. Balt	MD 2	11205
	of of of shapes	₹-		URIAL, CREMATION, REMOVAL	<u> </u>	12	3c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	1		
	BP		-	Burial	1-15-8	82 1	Toodl arm	Memorial Pa	rk Easton	Talb		STATE
	DHMH-16 30M 2/80	0		INERAL DIRECTOR				25a. D/	ATE REC'D. BY REGISTRA	250 REGIST AR'S	SIGNATURE	Md.
	(VRA 15, 4)		He	Lfenbein-Hubbar	d F.H.	Chester	. Md. 2	21619 JA	N 18 1982	surces +	an kill	ile

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5	1-	FOR STATE REGISTRAR		DEPARTMENT OF F	ICATE OF DEA		NE 8 2	0.		4 U
(2)		CEASED NAME FIRST OR PRINT)	WIDDLE	1	AST	2	DATE OF DEATH	MONTH D	AY YEAR	2h HOUR
1 (M)		John	F.	Jor	rdon			1 11	1982	м
	3. SE		4 RACE	5 DATE C			AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
2 000	-10	Male	Cauc.	9		15	66	YRS.	ONTHS DAYS	HOURS MIN
- 4 PM		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8	NEVER MARK	DIED 7	BALTIMORE CITY		OF DEATH	
1 22 1/2		Ohio	U.S.A.	WIDOWE			Baltimon	ce Ci	tv	MD
1 11 1	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTITUT		USUAL OCCUPAT	ION	125 KIND OF	BUSINESS OR
5 1 1 PO		Baltimore		Luzerne	Ave.	-	rype of work for most of ledical	Spec.	Arm	v
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The low requires that the death certification endiconnection. The low requires that the death certification endiconnection. It fler this certificate has been signed by the attending physician and computely lifted in as the burial-transit permit. Then please remove carbon papers from it and 3 should the highest prior to burial, cremation, or removal. The hand Mental Byshows only injury, or other traumatic event, the metrical examiner man hand as the hand as the metrical examiner man hand.	130.5	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESI	DENCE BEFORE ADMISSION) Y OR TOWN			e STREET ADDRESS	0000		<i>y</i>
ON TO THE STATE OF		Md.		ltimore	YES X NO			zern	e Ave.	
7LA	14 FA	THER'S NAME			15 MOTHER'S MA			20211		
AAR de	18	Unknown	WIDDLE	LAST	FIRST	Inknow	WIODIE		LAST	
E. A	16a. V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SO	CIAL SECURITY NO.	17. INFORMANT	71111110	ADDRI	ESS		
MOM pane	()		ean 182	-32-1733	Maurice	tte	Tordon 21	3 M	Luzar	ne Ave
ALT.		18 CAUSE OF DEATH (Enter of			Marioc	, 0 0 0 0	or don 2.	- No		MATE INTERVAL NSET AND DEATH
ifica ifica phys novo rent,	1999	PART I. DEATH WAS CAUSE	ED BY:	rdias A	rrost					1
N ST cent ring ribor ric ev	113	2500 MMEDIA			(1100)			- T	Mune	.diale
stol		Conditions, if ony, which	DUE TO, OR AS A C	ONSEQUENCE OF	110	1. 1.				
PRE de		gove rise to immediate	(b)	1. a re(E)	and Con	Blicat	· ·····			
W. PRESTON out the death of by the attendin ser remove carb cremation, or other troumatic		underlying couse lost.	DUE TO, OR AS A C	ONSEQUENCE OF						
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W re not	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	206 IF YES,	WERE FINDING	GS USED
has lone bows ows	IFIC		3 19 10 11 15 4				YES T NOK	IN CERTIFY	ING CAUSES	
N: The ysicion cote h const pronsit graph (18 shore)	ER	21a ACCIDENT WAS UNDERLYING			21c HOW INJURY	Y OCCURRED	(ENTER NATURE OF INJU		langer of the la	140
PHYSICIAN PHYSICIAN this certifica te bural-tro and Mental Hy d or Item 18		OR CONTRIBUTING CAUSE OF DE	AIR .	ONTH DAY YEAR						
HYSIC nding his cer buria 3 Ment or her	MEDICAL	21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJU	19 RY	211 LOCATION					
IVISI	ME	WHILE NOT WHILE T	(AT HOME, STREET, FACTO	DRY, OFFICE, FARM, ETC.)	STREET		CITY OR TO	VN	COUNTY	STATE
DING PI ar after th After the eas the alth and marked		22a. I certify that (I) Ather-house	itali ottended the deceo	sed from	15	9 80	to	1	0 82 1	hot (I) (we) lost
ATTENDIN sspital ar CTOR: Af d for use a d for use a m 21 is ma		sow the deceased alive an	12-131	10 81 00			th occurred on the d		7	
		obove, (I) (we) Idd (did no 22b. SIGNATURE	ot view the body ofter de	oth.	DEGREE	- U			22c. DATE S	
At OR At Diff. He hoste Depose Depose T. If the	0		13 1	3m 000	ATTEN	NDING	MEDICAL STAI	FF.	1/1	3/82
HOSPITAL ned by the FUNERAL uld be detroit the Stote ORTANT:		22d. PHYSICIAN'S NAME (TYPES	OR PRINT)	04 / 1	22e. ADDRESS	ICIAN IXI L	PHYSIC	LIANL	11/1	2100
		~	12.1.1	111	310	01) .	1	1- 7	2 10
shoot shoot	23n D	URIAL, CREMATION, REMOVAL	23b. DATE	123/ NIAME OF C	EMETERY OR CREM		23d LOCATION	10	in +	7,52
1000	(5	SPECIFY)	1/14/82			1	CITY OR TOWN		YINUO.	STATE
60 BP	24. FL	Burial INERAL DIRECTOR	11/14/02	prownsv	rille Ve		M AY C(D. BY REGISTRA)		cundel	Md.
DHMH - 16 60M 7/73 (VR A 15 (4))		Dabrowski &	2010	ADDRESS Do 7 + :	mam= C1	LIMMI	8 1982	LAMER	7	Piroto-o
	В.	Daurowski &	Son Zolo	r. parti	more St	•				

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	1.	FOR		ATE OF MARYLAND HEALTH AND MENTAL HYG	TIENE () () I	1 4 1
	1.	STATE REGISTRAR	MEDICAL EXAMIN		DEATH REG. NO.	
99		ECEASED NAME FIRST PE OR PRINT! Reba	WIDDLE	lordan	26. DATE KNOWN MONTH OF ESTI- DEATH MATED XX	DAY YEAR 26. HOUR
Y, PLEAS	3. SE	X 4. RACE S. DA	INTH DAY YEAR LAST BIRTH	Morting Dicit		14 19 82 M DAY YEAR 2d HOUR 1:09 15 19 82 P. M
NECESSARY UNFRALDI S-FORP WITH	7a. E		0 - 3 - 02 79	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT	TY OF DEATH
AY IS THE PAGE.	ID. C	Baltimore I	NAME OF HOSPITAL, NURSING HOM IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 621 E. Oliver Str	AE, OR OTHER INSTITUTION 120	Baltimore C USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b KIND OF BUSINESS OR INDUSTRY
E, MD, 21201 ATH. IF ANY DEL ST. 2, AND 3 IC PM 3. RETAIN ND 2 SHOULD BE VITAL RECORDS	13%	AL RESIDENCE (IF IN NURSING HOME OR OTHE STATE 13b. COUNTY	R INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING TOWN BALTIMO	YES P NO 1	621 8. Olive	street
BALTIMORE, MD. 21201 S AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND 2 TITH FORM PM 3. RETAIN PAGES 1 AND 2 SHOULD WISION OF VITAL RECO	D/	ATHER'S NAME FIRST MOD MAN WAS DECEASED EVER IN U.S. ARMED F.	Withney	15. MOTHER'S MAIDEN N PEGGO CC TYNO. 17. INFORMANT	WIDDLE	e ld'S
		YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR	\$17-09-7	7007 Hoovgett	te Jordan 1238	M. Curley St.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., 4ER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W OR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, NND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Canditions, if ony, which gave rise to immediate cause (a) stating the under-	Arteriosclaro		ar Disease	APPROXIMATE/INTERVAL BETWEEN ONSE! AND DEATH
CORDS, 201 V BE EXECUTED WDING". IN PR EDICAL EXAM IS A BURRAL- LITH AND MEI REMATION, G	NO	lying cause last: PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIB	(c)		0).	
SHOULD SHOULD SHOULD STORE WEEL WEED A	TIFICATK	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20 AUTOPSY?
CERTIFICATE (TING THE WC 3 SHOULD BE DEPARTMENT)	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		IR	NTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAG	
DIVIS THIS GER WARDED PAGE 3 S TATE DEP	WED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	218 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN COL	JNTY STATE
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFER DEATH, WITH THE STATE OF BALTIMORE, MARYLAND, 21201P		22a I certify that I took charge of the death resulted from: ACTUAL SIGNATURE	ne remains described above, held an uses XXI. Accident . Si	TITLE (SPECIFY)	Inquiry , and in my op indetermined manner , MEDICAL EXAMINER SIGNE	1-16-82
TO MEDICA EXECUTE THE PAGE 4 SH TO FUNER PAFTER DEA	7	EXAMINER'S NAME VITG	inia L. Dolan, M.	D. ADDRESSI	II Penn Street	
0 00 7BP	I	UNIAL, CREMATION, REMOVAL 23b. DA SPECIFY) UNIFICATION	~ 1 ~ 4 10 7 11 1	OFE CEMETARY	LOCATION COUNTY	MAYYLAND
DHMH - 17 (VR A15 ME (5)) 15M 2/80	P). Olean A. Sais	ADDRESS /639 n. S	Brodway JAN	1 8 198? REGISTRARS S	an Mastlen



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		FOR STATE REGISTRAR		and white the same	OF HEALTH AND MENTAL H	YGIENE 8 2	0 1	ed file	A	3
		CEASED NAME	floria	MIDDLE	yner	1/19/82	MONTH DAY		SAN	_
5	7	EMAL G	bla	M	TE OF BIRTH	6. AGE (IN YEARS LAST B	YRS.	DER 1 YEAR	HOURS 1	MIN
10		North Car		MAF	RRIED NEVER MARRIED DIVORCED	Baltim		t		MD.
10		Baltimo	re Great	chfacility, give street adoress; er Penn. A	ve. Nursing	12a USUAL OCCUPA (TYPE OF WORK FOR MOST housewif	OF WORKING LIFE) IN	L KIND OF	BUSINESS	OR
35	13a. S	AL RESIDENCE (IF NURS STATE Md.	PG.	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?					
/ /	14 FA	THER'S NAME		Seat Plea	YES X NO 15. MOTHER'S MAIDEN N		1. Seat	Ple	a. N	1d_
0		Jobe		lackson	Bertha	WIDDIE	Nun	LAST		
2	()	VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES?	240-66-38		allov same				
	NOI	Canditions, if ony, gove rise to imreouse (o), stating underlying cause	DUE TO, Co. which mediate go the lost.	DR AS A CONSEQUENCE O	Taille Unsur BUT NOT REALISTE TELL	TRAINAL DISEASE OR CON	UDITION GIVEN IN	APPROXIMA BETWEEN OF	IN	
2	CERTIFICATION	196 DATE OF OPERA	TION 196. COND	ITION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WER IN CERTIFYING YES			,
9	MEDICAL CER	saw the decease	CAUSE OF DEATH CALEXAMINER) RED 21e. PLACE IAT HOME ST (this hospital) attended the	.M. MONTH DAY YE .M. OF INJURY REET, FACTORY OFFICE, FARM ETC	19 21f. LOCATION	URRED (ENTER NATURE OF INJI	OWN C	OUNIY	STAT We) lost
		Books (1) (-)	and I	yeur,	DEG EE ATTENDING PHYSICIAN	/	AFF	O/-		PZ
		Rich	ARD T	YSON, MI	1. 22e ADDRESS B	36 WIN	DRTH	21	7	
		SURIAL, CREMATION,	REMOVAL 236. DATE	23c. NAME C	F CEMETERY OR CREMATORY	23d LOCATION	COU	NTY	STAT	F

STATE

Carolina

COUNTY

South View Cem. Kinston North Carol

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

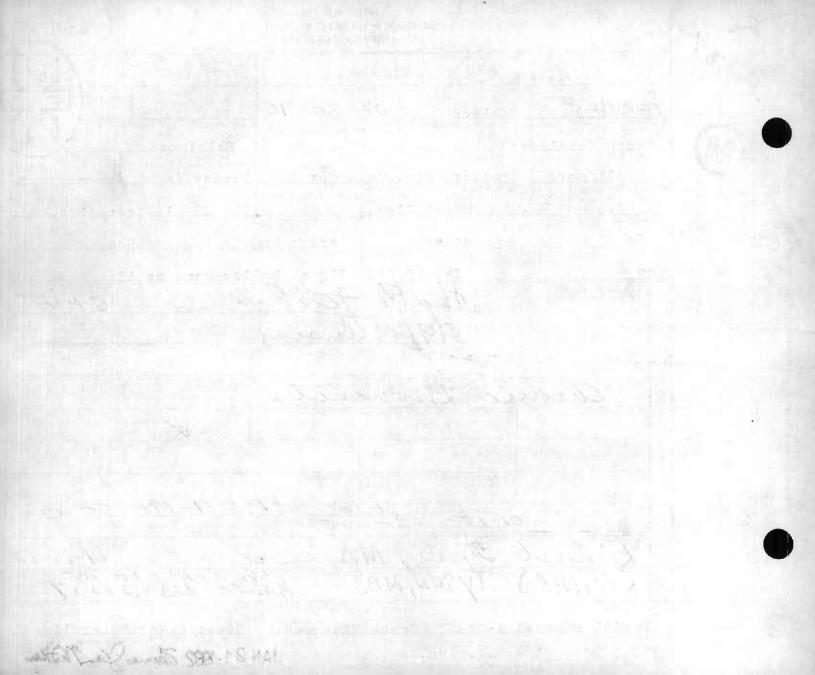
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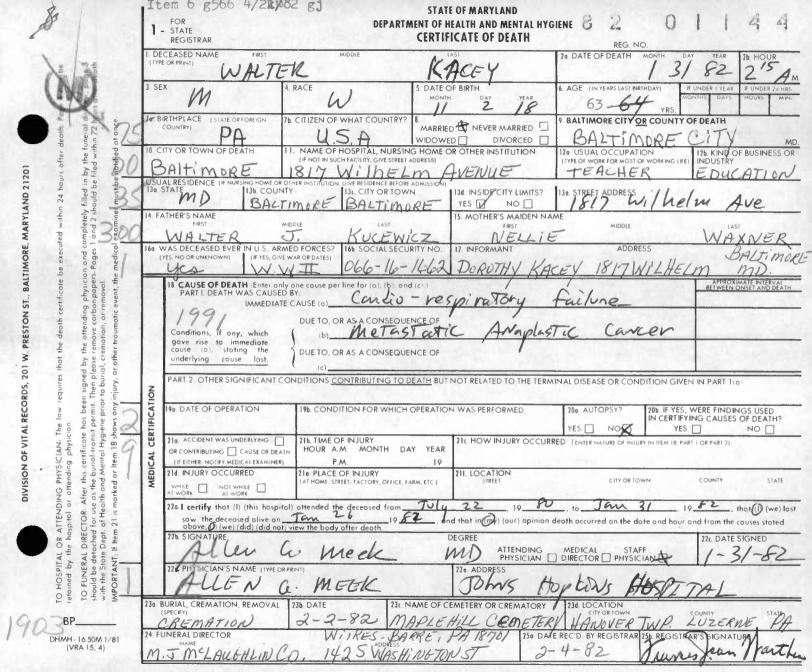
TO FUNERAL DIRECTOR: After this certificate has bee should be detached for use as the burial-transit permit, with the State Dept. of Health and Mental Hygiene prior

IMPORTANT: If Item 21 is

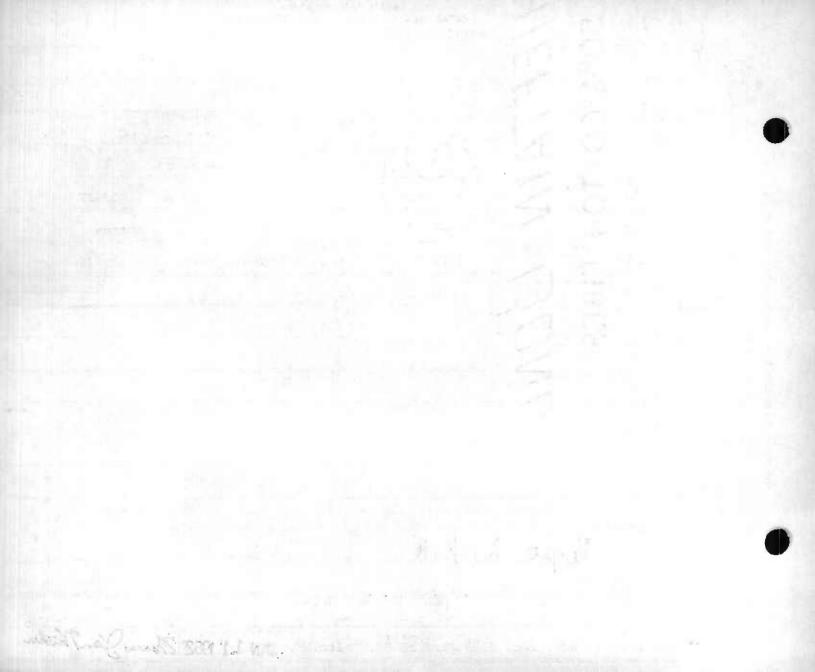
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74 FUNERAL DIRECTOR
FRAZIER'S 389

389 R.I. Ave. NW

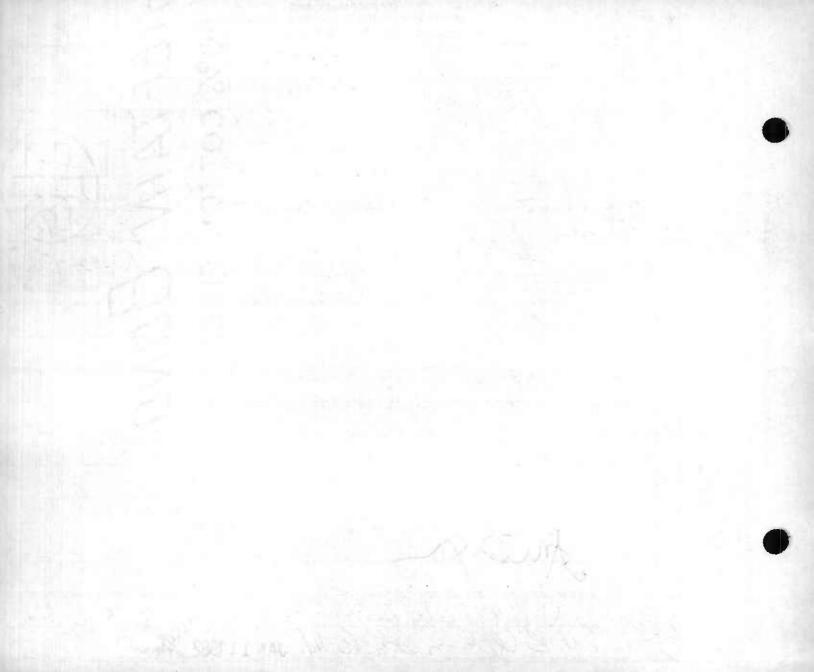




15M 2/80



	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.	1 4 6
PASE ES. ES.	T. DECEASED NAME FIRST (TYPE OR PRINT) DONTAVIA	MIDDLE MAROLO AND A CONTROL OF ESTI- DEATH MATED 1	7 19 82 M
CESSARY PLEASE MEAL DIRECTOR. FOR YOUR FILES. STRING THOURS PRESTON STREET.	female negro /C	TIZED/OF/WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY 1. MARRIED 1. MARRIED 2. MARRIED 3. MARRIED	
MA Y DELAY IS N AIN PAGE 5 DID BE FIED Y ORDS 20 W	Baltimore USUAL RESIDENCE IF IN NURSING HOME OR OTHER I	AME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2234 Frederick Ave INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	12b. KIND OF BUSINESS OR INDUSTRY
BALTIMORE, MD. 21201 S. AFIER DEATH. IF ANY DEL GIVE PAGES 1, 2, AND 3 TO TITH FORM PM 3. RETAIN PAGES 1 AND 2 SHOULD BE WISION OF YITAL RECORD.	MIDDLE	DRCES? 166 SOCIAL SECURITY NO. 11 INCOMPANY ADDRESS	Print ds
RDS, 201 W. PRESTON ST., EXECUTED WITHIN 24 HOUR NG" IN PENCIL IN ITEM 18. ICAL EXAMINER ALONG W N BURAL - TRANSIT PERMIT. 1 AND MENIAL HYGIENE, D WATION, OR REMOVAL.		cause per line far (a), (b), and (c).) Sudden Infant Death Syndrome	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBU	(b)	
SHOULD BE DRD "PENDI ORD "PENDI CHIEF NEED AS A T OF HEALTH URIAL, CRE	190 DATE OF OPERATION 210. EXTERNAL CAUSE WAS	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES X NO
DIVISION OF VITAL S CERTIFICATE SHOUI RITING THE WORD." REDED TO THE CHIEF AS 3 SHOULD BE USE E 25 SHOULD BE USE OFFICE TO BURIAL	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	
DIVIS THIS CER WARDED PAGE 3 S STATE DEF	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OUNTY STATE
TAL EXAMI THE CERTIFI- THOUGH BY THOUGH BY THE WITH THE SE, MARYLA	220. I certify that I taak charge af the death resulted fram: Natural cause ACTUAL SIGNATURE		1-7-82
TO MEDIC EXECUTE 1 PAGE 4 S TO FUME AFTER DEA	EXAMINER'S NAME Ann M (TYPE OR PRINT) 230, BURIAL, CREMATION, REMOVAL 236, PAT	ADDRESS	NNTY STATE
DHMH-17 (VR A15 ME (5)) 15M 2/80	SYFLUNERAL DIRECTOR NAME SHAME	Cladde Balt. Kel JAN 11 1982 Show 9	sally the



Mitchell-Wiedefeld Home-6500 Fryork Rd. 21212

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

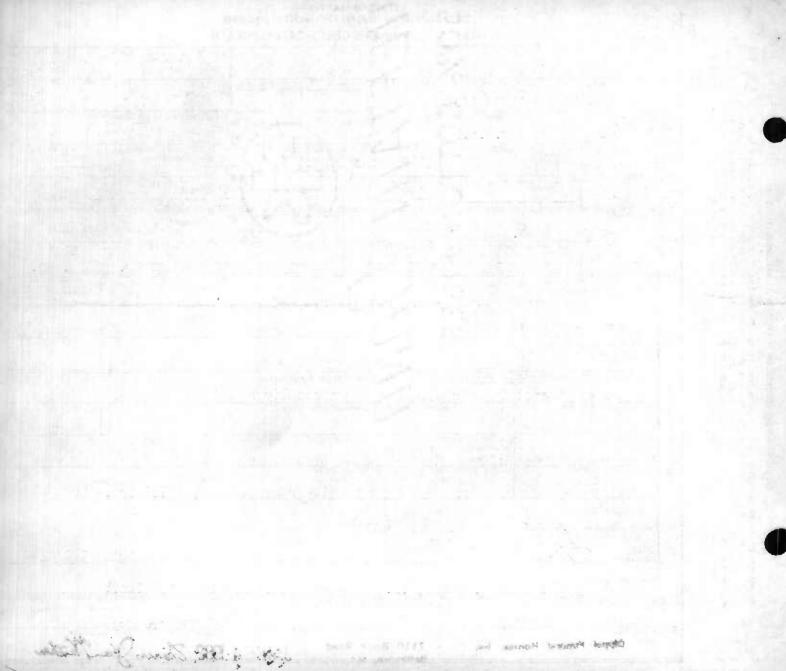
BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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and an extrem	oft ,sea .se multa			
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2 mg	Stary Seme	B/Blittlev)	Joseph Mozenne	
alteniaci-wood . Objectivels				

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18	FOR		DEPA		MARYLAND H AND MENTAL F	HYGIEŅĘ 🥎	0 1	1 4 8
28	STATE REGISTRAR		MEDICA	AL EXAMINER'S	CERTIFICATE C	OF DEATH REG.	١٥.	
	ECEASED NAME YPE OR PRINT)	William	J.		aptain	OF ESTI- DEATH MATED	MONTH D	7 00
3. SE	male wh	5. DATE O	DAY YE	AR LAST BIRTHDAY) MC	JNDER 1 YR. IF UNDER	R 24 HRS. 2c. DATE	MONTH D	AY YEAR 2d HOUR
	BIRTHPLACE (STATE OR	22/.	L4/1933	48 yrs.		DEAD	On COUNTY O	1982 M
É	OREIGN COUNTRY) BALTIMORE	ָּט	S.A.	WIDO	RRIED NEVER MARR	Baltimo	re City	MD
1	Baltimore	M) (IF NOT	. 2800 c	NURSING HOME, OR C	Street	FOR MOST OF WORKING LIFE) CLERK		OR INDUSTRY SALES
. 13a	IAL RESIDENCE (IF IN M STATE LARYLAND	DRSING HÓME OR OTHER INSTI	13c. 0	ence before admission) CITY OR TOWN ALTIMORE	13d. INSIDE CITY LIMITS? YES 🔯 NO 🗆	13e. STREET ADDRESS 2811 ORLEANS	STREET	
14. F	ATHER'S NAME	MIDDLE		LAST	15. MOTHER'S MAID	EN NAME MIDDLE		LAST
2	JOH	N J.		PTAIN		ELEN	ZIOLOK	
160.	WAS DECEASED EVER	IN U.S. ARMED FORCE	S? 16b.	SOCIAL SECURITY NO.	17. INFORMANT	ADDRES	SS	21224
	YES	KOREN WAR		14 30 5828	JOANNE DA	AY 2816 ORLEANS	ST. BA	LTO. MD.
	18 CAUSE OF DEA	TH (Enter only one couse AS CAUSED BY:	per line for (a)	, (b), ond (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PARTIDEATH		Cranic	-cerebral i	niurv			
17	880	DUE		ONSEQUENCE OF				
1	Conditions, if		0)					
10	couse (a) stating		TO, OR AS A	ONSEQUENCE OF				
	Tyling cause last	((:)(;					
	PART 2 OTHER SIGNIFICAN	1 CONDITIONS CONTRIBUTING	10 DEATH BUT NOT	RELATED TO THE TERMINAL DIS	ASE OR CONDITION GIVEN IN PA	ART 1 (a).		
NO	Acute	ethanol i	ntoxica	tion & Ci	rrhosis liv	ver er		
13	196. DATE OF OPER			OR WHICH OPERATION			2	0 AUTOPSY?
CERTIFICATION							100	YES XX NO
N N	210. EXTERNAL CAU		TIME OF INJUR		HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM)	8 PART 1 OR PART 2)	(1/1)
	UNDERLYING CONTRIBUTING		30PAM	1/1 1982 fe	11 down ste	ens		
MEDICAL	21d INJURY OCCUR	RED 21e	PLACE OF INJ	URY (ATHOME, 21f.	OCATION			
X	WHILE NOT AT W	WHILE DY	reet, factory, fai treet	280	O Blk Orlea	ansStreet, Balt	imoro	MD
	The second second second							
		I taak charge of the ren	nains described		apsy XXIII Inspectio		and in my opinion	n
	deoth resulted fram	n: Notyfulgavses	Accid	ent XX. Suicide L	, Homicide	Undetermined manner		
	ACTUAL	1406	Jani	/	TITLE (SPECIFY)		DATE	1/1/02
-	SIGNATURE	11			M.D. ASSISTAN	1t MEDICAL EXAMINER	SIGNED.	1/1/82
1	EXAMINER'S NAME						21 110	
-	(TYPE OR PRINT)	hormez		ard,M.D.	_ADDRESS	Penn Street, B	alto.D	
23a.	BURIAL, CREMATION, P (SPECIFY)	REMOVAL 23b. DATE		36. NAME OF CEMETERY		23d. LOCATION CITY OR TOWN	COUNTY	STATE
-	BURTAL.	1/5/	982	Holy Redec	mer Cem	BALTIMORE M	ARVI AND	117.106
74	FUNERAL DIRECTOR	Funeral Homes,	ADDRESS	7110 Belair	Dood 230. DATE		PIZIKAK 2 ZIGA	ATURE
	والمحاطة مد	morai numes,	IIIG.	7110 belair	MON IAN	4 1982 Haya	ces Jan	1 Kilker

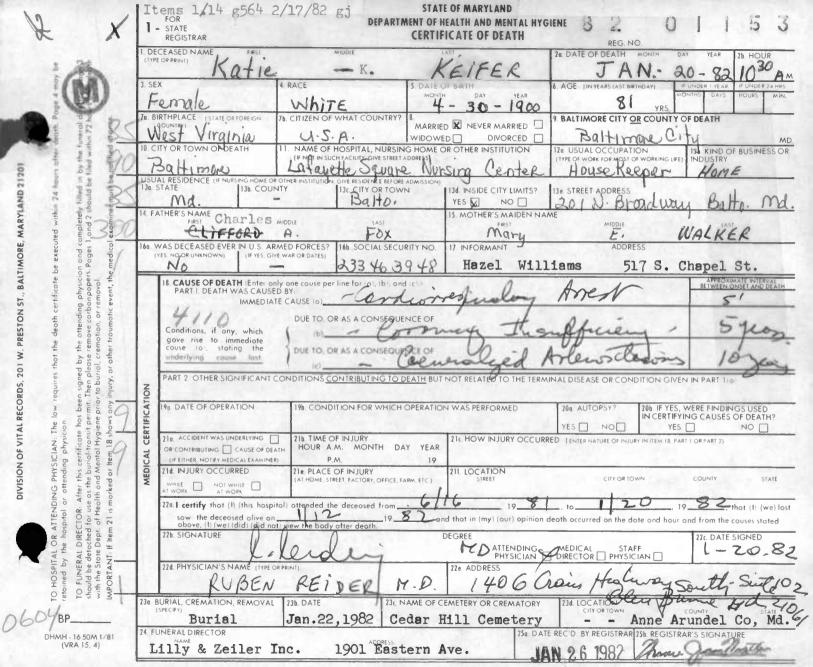


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L	1	STATE OF MARYLAND	
A	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.	1 5 1
3			Zb. HOUR
moy be			82 M
4 92	1.56	MONTH DAY YEAR	YEAR IF UNDER 24 HRS
Pog (M)	70 81	SERTHPLACE 15 26 29 52 YRS. 78 CITIZEN OF WHAT COUNTRY? 8 79 BALTIMORE CITY OR COUNTY OF DEAT	TH
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o la	10. C	ITY OF OWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120. KI	IND OF BUSINESS OR
s offer	12	3. GIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TO SOLTAL LITTEE OF WORK FOR MOST OF WORKING LIFE INDUSTRIES	SIRY
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LAND in 24 hin 24 hin 24 hilled should	IA E	ATHER'S NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME	Hue
MARYLA ed within mpletely and 2 sh examiner		FIRST MIDDLE LAST FIRST 1 MIDDLE	LAST
	16a V	Valer Was DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 20. 3	100 D)
Mo e ex	t,	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 229-28-3962 DTR Betty Tolson Balto	16. 0.053
, BALT) , palticate b licate b popers. lovol.		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
ST., an ph an ph emo		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Intraceveloral Nemonrhage	
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RESTC e deot move c nation, traum		Conditions, if any, which gove rise to immediate (b) WPTURED DERRY ANEURYSM	
W. or the ort		couse (a), stating the underlying couse last.	
ned ples t		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA	RT 1(a)
requires requires the signe Then purite bur injury, (NO.		
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir rottending physician. Wer this certificate been sig ost he buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or trem 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE F	USES OF DEATH?
TAL The sician start property show	ERT	YES VO YES VES VIOL YES VIOL Y	NO [
OF VII	_	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	(12)
HYSICIA nding pl nding pl ndin	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY LATHOUS SIDER EACTORY OFFICE FAM. ETC.) STREET CITY OR TOWN COUNTY COUNT	ITY STATE
DIVISION PHING PHING After the as the lith and orked corked corke	×	WHILE NOT WHILE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) STREET CITY OR TOWN COUNT	IT STATE
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HO FU		BERT F. MORTON	
δ a c a x x x x x x x x x x x x x x x x x		BURIAL, CREMATION, REMOVAL 236. DAYE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	STATE
1606 BP		BURIAL 119 Fot Church Com HEATH sulle	VA
DHMH-16 30M 2/80 (VRA 15, 4)	24. FI	FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR 5 SIC	NATURE THE
(100 10, 1)		VERNON BAILIEY 1348 CALHOUNSTION 6 1982 Comes Ja	my man

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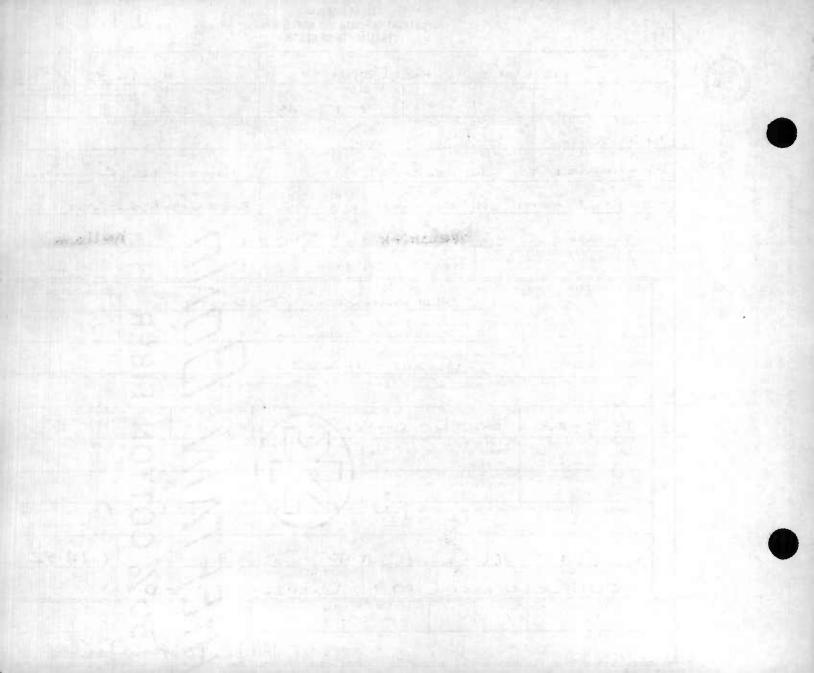
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Wm. ℃. March F/H

7.79	V					E OF MARYLAND	(3 -)	0	1 1	12 3			
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1/		REGISTRAR	MIGG			AST AST	REG. N	0.					
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9	3. SE	X	4 RACE		5 DATE O		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR IF UNDER 24 HRS				
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e/ C1		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WH		8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH				
8/		15M JASK	USF		WIDOW	DIVORCED	CI	TY		MD.			
Stiffed		SATIMORES	(IF NOT IN SUCH FA	SPITAL, NURSIN CILITY, GIVE STREET A	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATE	F WORKING LIFE	EI INDUSTRY	F BUSINESS OR			
pe T	USU.	AL RESIDENCE (IF NURSING HOME O	OTHER INSTITUTION GIVE	E RESIDENCE BEFORE	AGMISSION)					7700 121			
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nine	14. FA	ATHER'S NAME	WIDDLE	1 401		15 MOTHER'S MAIDEN NAM	ME						
*DC	11	THEOdozz		Newki		2 VZL	MIDDLE		Kella	cm.			
edica		WAS DECEASED EVER IN U.S. AR		. SOCIAL SECUI		17 INFORMANT	ADDRE		7.7				
E		No	2	16-50-	-3236	Joyce A. K	cellam 302	12 Wo	odland	Ave.			
of, th		18 CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUSE							APPROXI BETWEEN	MATE INTERVAL			
e < e		IMMEDIA	TE CAUSE (a)	202010	Puln	DENSEY D	E.E.EST						
natic	193	2396	DUE TO, OR AS	S A CONSEQUE	NCE OF								
no or	Conditions, if any, which (b) CZZZBBZ1ZdZ												
her		cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF										
or of		underlying cause last	(c)	BRAN	U -	umor		T. Pelil					
July, o	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0)											
iu	ATION												
san	FICA	190 DATE OF OPERATION		196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF Y						OF DEATH?			
you	CERTIF				um		YES NO	YES	S 🔲	NO 🗆			
18 5		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PART 2)				
E 4	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE			19	1							
ğ	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF I	INJURY FACTORY, OFFICE, FA	PAA FTC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE			
rked	2	WHILE NOT WHILE AT WORK		TACTORI, OTTICE, TA	uni, ere j	I Ribertian							
S mo		220.1 certify that (1) (this hasp	1 1	eceased from		78 19 81			19 82	that (I) (we) last			
121		saw the deceased alive an above, (I) (we) (did) (did no		er death.	5 2 , ar	d that in (my) (our) apinion o	leath accurred on the do	ite and hour	and from the	couses stated			
te t		22b. SIGNATURE				DEGREE			22c DATE	SIGNED			
4T. IF		DVIS	Tolon			PHYSICIAN [MEDICAL STAF	IANO	11.1	4.82			
PORTANT		22d. PHYSICIAN'S NAME (TYPE	arrenf.			22e ADDRESS							
POR		Louis Sc	romo	7	つり	UNIVER	sing H	OSPI	121				
3	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION						
	-	SPECIFYBurial	1/20/82	2 We	estv:	iew Mem. Pk	. Baltime	ore	CO.	MD			
		INERAL DIRECTOR				125 5 475	DECID BY DECIGES OF	061 - 05 0 1==-					

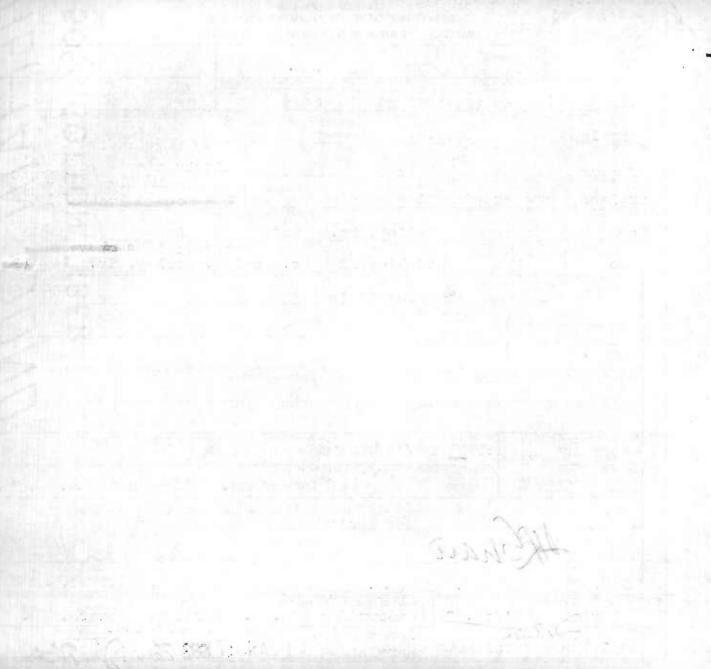
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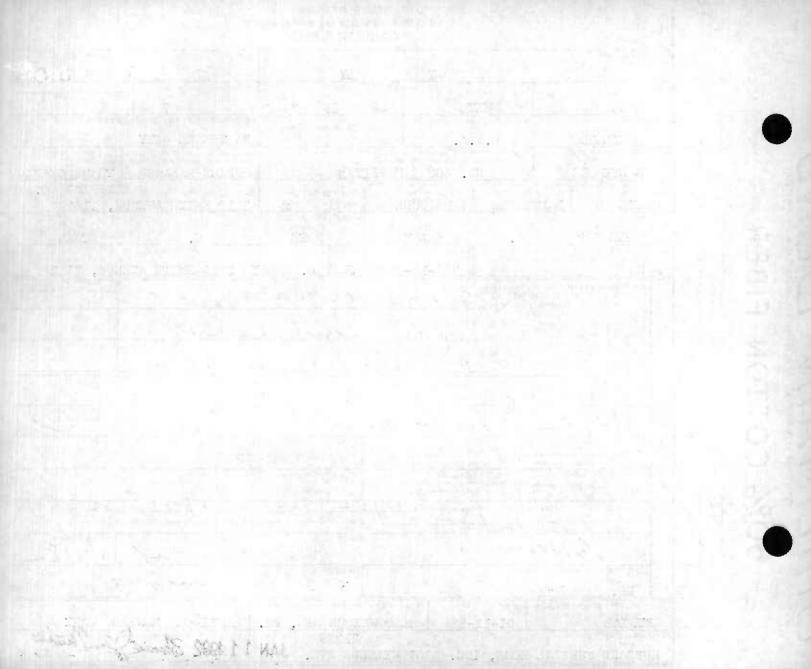
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11-	STATE Items #18a-	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 0	1 5 3
1. DE	CEASED NAME FIRST	REG. NO.	DAY YEAR 25 HOU
(TYP	E OR PRINT)	James Kelley. Jr. OF ESTIXX DEATH MATED 1 3	19 82
3. SE)		5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH	DAY YEAR 2d HOUR
		May 19, 1958 23 YRS. DEAD	3 1, 82 9:35
FC BI	RTHPLACE (STATE OR REIGN COUNTRY)	MARRIED NEVER MARRIED	
10.01	Maryland		ity MD 2b. KIND OF BUSINESS
В	altimore	University Hospital (MIEM) For most of working life) Electrician	Arundel
13a. S	TATE 131 COUNT	Y 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 136 STREET ADDRESS 4	Thie Md
	ATHER'S NAME	15 MOTHER'S MAIDEN NAME	LAST
PI		mes Kelley, Sr. Lois Ann C	ampbell
16a. V	VAS DECEASED EVER IN U.S. ARA	ED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT (Father) 100 Page 100 AR OR DATES	yeas.#
		N/A 214-72-0852 Mr. Paul J. Kelley, Sr.	
	18 CAUSE OF DEATH (Enter onl	DV.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
6.		CAUSE (o) Blunt force injury of head	
	Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE OF	211128
-	gave rise to immediate	(b)	
	lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
,	PART 2 OTNER SIGNIFICANT CONDITIONS	(c) NITERIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
ē	IR DATE OF OPERATION	181. CONDITION FOR WHICH OPERATION WAS REPEABLED?	Tee AUXODONE
FICA	170, DATE OF OFERATION	176. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES X NO
ERT	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART	
ALC	UNDERLYING OR	2 HOUR A.M. MONTH PAY YEAR Unknown	
EDIC	214 INJUIDY OCCUPPED	21e PLACE OF INJURY (ATHOME, 21f. LOCATION	
1	AT WORK AT WORK	Home 108 Packard Ave. Glen Burnie	A. Co. Md.
		af the remains described above, held an Autapsy X Inspection , Inquiry , and in my apir	nian
	death resulted fram:	Accident , Suicide , Hamicide Undetermined manner ,	
	ACTUAL ALL	TITLE (SPECIFY)	1/4/82
1	SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER SIGNED	1/4/02
	EXAMINER'S NAME (TYPE OR PRINT)	ormez R. Guard, M.D. ADDRESS 111 Penn Street, Baltimo	ore,MD 21201
23a.B	DEC (EV)	CITY OR TOWAL	Y STATE
24.5			rd, MD.
1 74 1	Singleton Fun	Glen Burnie, Sta. DATE REC'D. BY REGISTRAR'SISK	SMATUKE
	T. DEC. (TYP) 3. SE) 10. CI B USUA 130. S M. O.	Male white Maryland 10. CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE (IF INNURSING HOME OR 130. STATE 131% COUNTY Maryland Anne 14. FATHER'S NAME FIRST Paul Jar 160. WAS DECEASED EVER IN U.S. ARM (YES, NO, OR UNKNOWN) (IF YES, GIVE W NO) 18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT (ONOITIONS COUNTRIBUTING OR CONTRIBUTING CAUSE OF DEATH WAS CAUSE OF DEAT	DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE TORS. STATE TORS. MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO.

15M 2/80



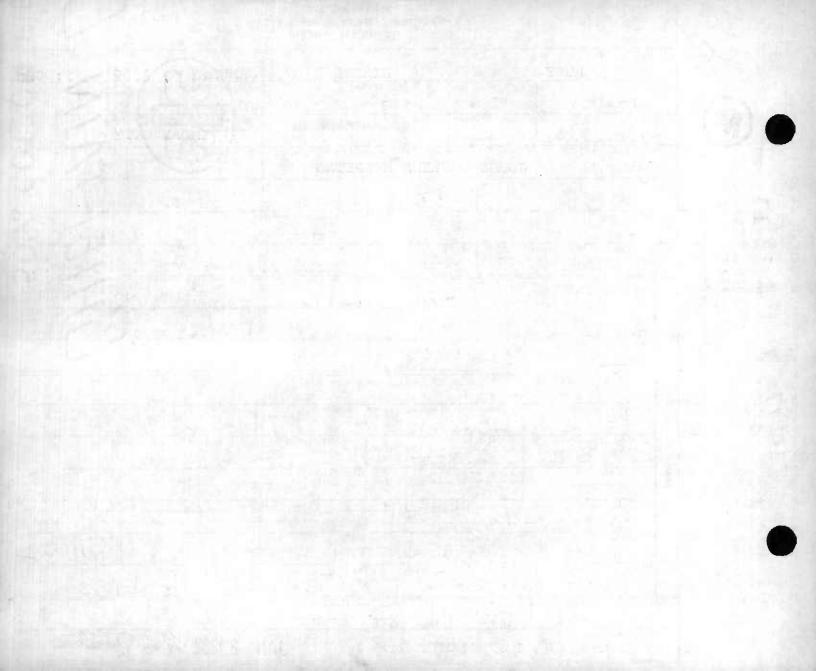


	1 -	FOR - STATE REGISTRAR	DEP	ARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	HENE B Z	0 1 1	5 /
		CEASED NAME FIRST	MIDDLE	V	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
1		Marty	Austin	hei	4.5		1 8 87	7 AM
	3. SE	x	4 RACE	S. DATE	F BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	
		Male	White	10		25	YRS.	Mile.
00	7tr BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
157		Maryland	USA	WIDOWE		Conti	-Baltimore	Citar MD.
38	10. C	Bay 1+	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	HOSP	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ON 1 126. KIND	OF BUSINESS OR
wast be	13a. S	AL RESIDENCE (IF NURSING OME OF STATE 136 COULT	R OTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY OR		13d. INSIDE CITY LIMITS? YES NO	13e, STREET ADDRESS	Tor Tack R	
xomine.	14 FA	ATHER'S NAME FIRST VE VNON	MIDDLE LAS	T ~	15. MOTHER'S MAIDEN NAM		e e e	AST
00		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL	SECURITY NO.	Dorothy 17 INFORMANT	ADDRE	McCasl	
the medica	-	No XXX	VE WAR OR DATES)		Vernon D.Key	s 1142 Doct	Maryland or Jack Rd.	Conowingo
tic event, t		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	leed			2 de	NIMATE INTERVAL NONSET AND DEATH
fraumo		Conditions, if any, which gove rise to immediate	(b) Cirrhosi		togenic		mon	ths- years
ar ather		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	SEOUENCE OF				
injury,	NOI	MU TO DE	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART 1	10
Aug Swot	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
or Item 18 st		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)	
marked or it	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O		211. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
21 is		220.1 certify that (1) (this hasp sow the deceased alive on above. (1) (we) (did) (did no			nd that in (my) (our) opinion o	, to		, that (I) (we) lost e couses stated
T. #		Laurene Yo	Idhud M.	00	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F _ //-	ESIGNED
MPORTANT: #		Lawrence	GoldKind 1	mb		Grethe St		
-		SURIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
-	24 FI	Burial JNERAL DIRECTOR	12 Jan. 82	West No	ttingham Pres	Rising Su	m Cecil M	aryland
B1	1000	NAME	ADDI		JA	N 1 2 1982	CERCAL DE	of the
	Ta	rring Funeral H	iome P.A. Aber	deen Md.	21001-3399		13	1 multiple

DHMH - 16 50M 1/ (VRA 15, 4)

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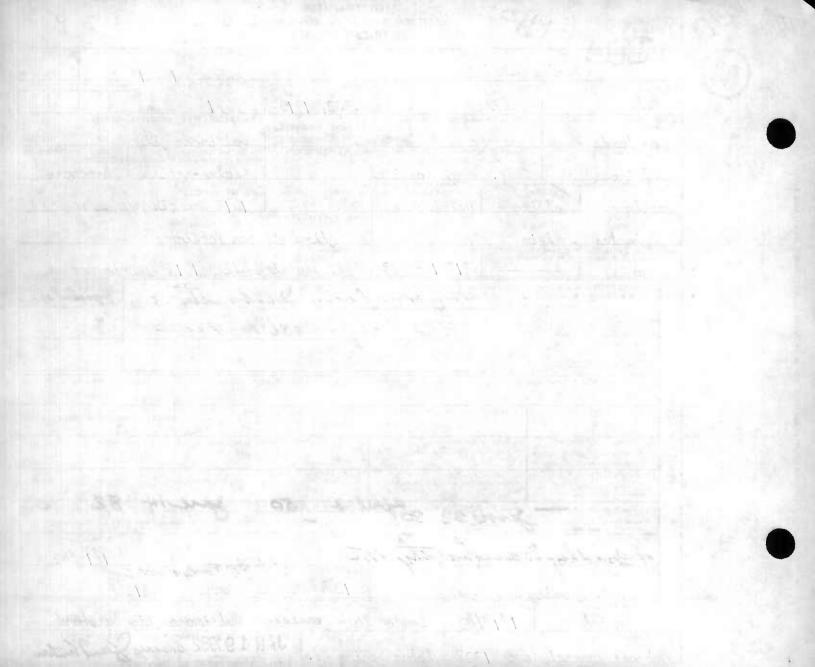


7 4	1.	FOR 3-1-82 AI. STATE REGISTRAR			AENT OF HEA	OF MARYLA LITH AND M ATE OF D	LENTAL HYG	_	0	1 1	5 9
·V	LDE	CEASED NAME FIRST		MIDDLE	LAST			REG, NO 20. DATE OF DEATH		DAY YEAR	2b. HOUR
ре 30 де		OR PRINT)	ROLINE		KIN			A. DAIC OF DEATH	1/	18 02	1100
may pag	3 SE	X	4 RACE		5 DATE OF	BIRTH	-1	6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
99e 4		Female	Wh	ite	Sept.	15,	1915	66	YRS	MONTHS DAYS	HOURS WN
	la B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	1			9 BALTIMORE CITY O		OF DEATH	
# 1	l °	Maryland	US	SA	WIDOWED	NEVER M	ORCED	Baltimor	e Cit	У	MD.
by the fuel within	10 C	Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore City Hospitals					126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Decorating Interior			
ficate be executed within 24 hour ficate be executed within 24 hour visician and completely filled in by pers. Pages 1 and 2 should be filled oval. Therefore examine must an electron and the filled oval.	13e :	ALRESIDENCE (FNURSINGHOME COL STATE 136 COL Maryland	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JINTY 136. CITY OR TOWN 136. INSIDENCE BALTIMORE YES [3]				TY LIMITS?	100 W. Cold Spring Lane			
with with sho	14 F/	ATHER'S NAME	MIDDLE	1467	15		MAIDEN NA	AE MIDDLE	2 5 1		
omple and 2		Jay		Kindig	ES/66	C	arol ine	3		Skinne	
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cate be e cate be e ers. Pages al.		No		057 12 5	5644	Mrs.	Carol	ine F. Ber	nt, Ea		
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ath certific and certific			ATE CAUSE (0)	11/	rock	re l	swi	VIJ.		113	m
death carbon or	7	8713	DUE TO, C	R AS A CONSEQUE	NCE OF					11000	
he att move ematic other (3.1		Conditions, if ony, which gave rise to immediate	(b)_								
- 2 - 2 - 2		cause (a), stating the underlying cause lost	DUE TO, C	R AS A CONSEQUE	NCE OF						
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wreq wreq en signer to but in my in my in the man my in the my in	Z Q		<u> </u>	OTTINIDOT INTO TO I	2011	o i netrito	TO THE TERM	WALE DISEASE ON COM	J.11.0.1 O.11	E. C. W. C. P. C.	
as be an int. The prior	₹ S	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION	WAS PERFOR	RMED	200 AUTOPSY?		, WERE FINDIN	
A. N. T. N. T. Stephaster in perror giene	CERTIFICATION							YES NO		S	NO [
rensition of the four		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME O	MONTH D	AY YEAR	IIc HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJUI	Y IN ITEM 18, P	ART 1 OR PART 2)	
PHYS g phy his ce rial-t	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE)		.M.	1962	II LOCATIO	okung	med			
AISION C	MED	WHILE NOT WHILE	(AT HOME, ST	OF INJURY	ARM, ETC.)	STREET	0150	CITY OR TOW	IN D	COUNTY	STATE
Z Z E B S C		22a 1 certify that (1) this hasp	oital) attended t	ne déceased fram	11	18	10 82	ing lane	1/118	19.82	that (1) (we) lost
CTO CTO H		sow the deceased alive a above (1) Jwe) (did) did a			92, and	that in (my)	ayr) apinian c	deoth accurred on the de			
HOOH BENEFIT		774 SIGNATURE	or) view the body	offer death.		GREE	11.		- 40	22c. DATE	
ERAL De detach		Welson			11-1		HYSICIAN [MEDICAL STAT		1///	1/1/2
SOPI INER INER Ibe d Ibe d Ine St	1	THE PHOSICIANE NAME OFFE	OR PRINT;		2	20 ADDRESS	11	5-4.11			/ / /
TO HOSPITAL retained by the TO FUNERAL should be detai with the State IMPORTANT:		Welson				Ba	Ut	Cels Ho	psp	,	
7///	23a (BURIAL, CREMATION, REMOVA			NAME OF CEN		REMATORY	234. VOCATION		COUNTY	STATE
/()/BP		Burial	1/21		ruid F		In.	Pikes		Mar	
DHMH-16 25M		UNERAL DIRECTOHENTY					JA	N 2 1 1982	PAREGISTI	RANSISIEMAT	PENULUIC
(VRA 15, 4) 1/79	4	905 York Roa	d Ralt	0 111	2121	2	JUL	111 - 1 100		day.	

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10	1	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2 0	1 1 6 0
-		ECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR Zb. HOUR
8 (MA)	(TYI	(harles	J. Klein		January 14. 19	982 M
yem 4	3 S		RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LASP GIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
age 4 i		male	white.	Sept. 02. 1910	71 yrs.	AONTHS DAYS HOURS MIN
dire dire		BIRTHPLACE ISTATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY?	1 Y	9 BALTIMORE CITY OR COUNTY	OF DEATH
Start dearth		Manuland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Lity	MD.
fter furthing thing		LITY OF TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR
O urs a	0	Baltimore	St. Annes Ha	,	sales-retired	hradware
24 ho 24 ho be fill	USU	JAL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 131. INSIDE CITY LIMITS?	130. STREET ADDRESS	
2 5 5 52	14		imare Haletha			venue
with with stely shou		ATHER'S NAME	DDLE LAST	15 MOTHER'S MAIDEN NA		LAST
omplet and 2	a	C: 1 C 111	in	Elizabet	1 11 C 11. 1	
m 0 0- c		WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
e be ex an and Pages	۷	no	213-10-	5493 Mrs. Beatric	ce Klein 1015 Fra	ncis Avenue
BAL1 ficat ysici pers. oval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line for (a), (b), on	dies o o h	1 +	APPROXIMATE INTERVAL
ST., certing ph in pa	9	IMMEDIATE		cardial Di	isareliene	- Sudane
ON SI eath c anding arbon n, or r rauma	10	4100	DUE TO, OR AS A CONSEQUE		Naire	2
PRESTON It the death the attending move carbo emation, o		Conditions, if ony, which gove rise to immediate	(b)	mary over	wire	-
W. PR		cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF		
ed beease			(c)			
require sign plants of the pla	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
DIVISION OF VITAL RECORDS DING PHYSICIAN: The law re- intending physician. After this certificate has been si s the burial-transit permit. Then the and Mental Hygiene prior to marked or ftem 18 shows any in	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
ISION OF VITAL RECORI NG PHYSICIAN: The law inding physician. Iter this certificate has been the burial-transit permit. The and Mental Hygiene prior and Mental Hygiene prior	5	THE DATE OF GREATION	The condition of the condition	OF ENAMON WAS TEN OWNED	IN CERTIF	YING CAUSES OF DEATH?
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4 OF VI	1	OR CONTRIBUTING CAUSE OF DEAT		AY YEAR		
DN OF VITAL PHYSICIAN: up physician. this certificate urial-transit p Mental Hygie	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
DING PE trending After th s the bur th and M marked of	A.	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, 1	ARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
- K 6 8 8	7		all attended the deceased from	april 7 1050	10 Jan 14	19 82, that (1) (we) lost
F O DEE T	1	220 I certify that (I) (this hospite sow the deceased alive on	June 23 198	ond that in (my) (our) opinion	death occurred on the date and hou	r and from the causes stated
HI Bept		above. (1) (we) (did) (did nat) 22b. SIGNATURE	giew the bady after death.	DEGREE		224. DATE SIGNED
AL OR AT the hospital AL DIRECT trached for the Dept. of		A Bradley	Dausharte	ATTENDING PHYSICIAN P	MEDICAL STAFF	1/14/82
SPIT I by VER Oe de Sta		224 PHYSICIAN'S NAME LYPE OR	PRINT)	220 ADDRESS	Kon Comone	20
TO HOSPITAL Tretained by the hTO FUNERAL Dishould be detach with the State Dimportant: IIIMPORTANT: III		Dr. A Bradla	y Dayoberthy MD	1264 Franc	is Avenue 21	227
To show	230	BURIAL CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
0000 BP		(SPECIFY) Burial	1/18/82 Lo	oudon Park Cemetery	Baltimore (it	y Maryland
DHMH-16 25M	24	FUNERAL DIRECTOR	ADDRESS	25e JQA		RANS SIGNATURE
(VRA 15, 4) 1/79	,	Ambrose Funeral 1		hur Spring Rd.	111 1 9 130L granca	Jan lather



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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injury, or other troumatic event, th

FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	IENE 8 2	0 1	1	6 2
1. DECEASED NAME (TYPE OR PRINT)	FIRST	WIDDLE	ł	AST		2a DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
(CORVAINT)	JOHN	GEORGE	KLU	JG, SR.		January	- 17	- 82	M
3. SEX		4. RACE	5. DATE C		WE AD	6. AGE (IN YEARS LAST BIR	RIHDAY) IF UN	DERIVEAR	IF UNDER 24 HRS
male		White	Nov		^{YE} 27		54 YRS.	DATS	MIN.
Ta. BIRTHPLACE (5)	ATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	9 8 MARRIE	NEVER A	ARRIED -	9 BALTIMORE CITY C		EATH	
Maryla		U.S.A.	WIDOWE	D DN	ORCED	Baltimor	e City		MD.
Baltimor		11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE St. Agnes Hos	T ADDRESS)	OR OTHER INST	NOITUTI	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Produce 1	OF WORKING LIFE) IN	L KIND OF IDUSTRYS mp10	elf- yed
USUAL RESIDENCE 130. STATE Md.	36 COU	1 1		13d. INSIDE CI	TY LIMITS?	13e STREET ADDRESS 8149 Wate			
14 FATHER'S NAME		MIDDLE LAST	6	15 MOTHER'S		ME MIDDLE			
Willi	am	V. Klug		E	lsie	WIDDLE		Cla	uss
(YES, NO OR UNKNO	WN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC YE WAR OR DATES) A 219.30.		Mrs.	(MITT	e) ADDRI 1 Marie Ki	Same	as	# 13
18 CAUSE OF PART I. DE		nly ane couse per line far (a), (b), and ED BY: TE CAUSE (a)	PULM	ONARY	0	MA		APPROXIM BETWEEN O	NATE INTERVAL NSET AND DEATH
gave rise to cause (o), underlying	cause last	DUE TO, OR AS A CONSEQUENCE OF THE TO, OR AS A CONSEQUENCE OF THE TOP TO THE	JENCE OF ARD	ITIS,	ACUT ACU		IDITION GIVEN IN	PART 110	
NOTAL STORY ACCIDENT A	DPERATION	19b CONDITION FOR WHICH	H OPERATIO	N WAS PERFOR	RMED	20a AUTOPSY?	20b. IF YES, WEI	RE FINDING CAUSES (GS USED OF DEATH?
OR CONTRIBUTION	VAS UNDERLYING [IG CAUSE OF DEA	ATH HOUR A.M. MONTH D	AY YEAR			ED (ENTER NATURE OF INJU	IRY IN ITEM 18. PART 1 C	DR PART 2)	
ZId INJURY O	NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM ETC)	211 LOCATIO STREET	7	CITY OR TO	OWN C	OUNTY	STATE
saw the cobove, (1) 22b. SIGNATU	deceased alive an (we) (did) (did no	Pelcyar		DEGREE	ITENDING HYSICIAN	, ta death accurred an the di MEDICAL STA: DIRECTOR PHYSIC	FF F		
- 70		Pelczar, M.D.				Hospital 9	00 S. Ca	ton A	ve.
23a. BURIAL, CREMA	ial	21 'Jan-82 G	len H	aven M	lem.Pk			A.A.	, MD.
Single	XXIIIali		len l aryl:	Burnie and	, 25a. DATE	21 1982 Z		SIGNATURE OF THE SERVICE OF THE SERV	The

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

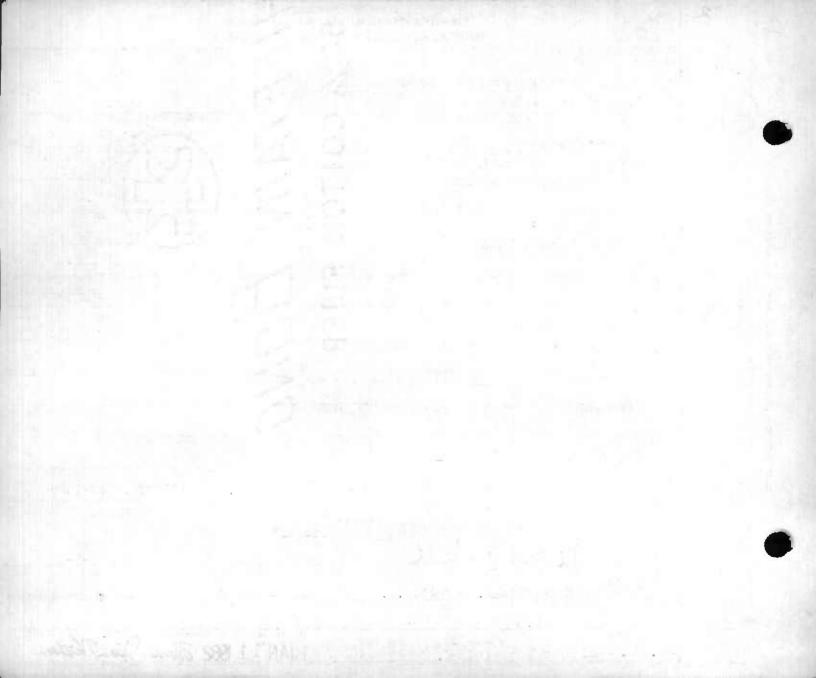
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3 68		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🕉 🚄 🔱						
	1	REGISTRAR DECEASED NAME FIRST	MIDDLE LAST 20, DATE OF DI	REG. NO.					
by be oge 3 death		TYPE OR PRINTIP RUSSE	L. Kwight SR	ATH MONTH DAY YEAR 26 HOUR					
4 may	. 3	SEX 2/	4 RACE S DATE OF BURNH 6 AGE (IN YEARS	LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN					
å (PA)	7	BIRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 9, BALTIMORE	YRS.					
death. F	3	COUNTRY	MARRIED M NEVER MARRIED DIVORCED DIVORCED DIVORCED	CITY OR COUNTY OF DEATH MD.					
the form	V	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OC						
in by	0	DALIMORE SUAL RESIDENCE (IF NURSING HOM	1228 N. SPRING SI. HRMCI	Steel					
7 E 7 7	5	Su. STAJE		DRESS SORING ST					
	2	FATHER'S NAME	MIDDLE // LASY IS. MOTHER'S, MAJDEN NAME	AIDDLE / ALAST					
	0	HENRY	KNIGHT ALMA	LOVE					
ALTIMORE, the be executed by the best of t	1	(YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT GIVE WAR ORDATES!	ADDRESS					
ALTIM te be icion pers. P	=	LIS CALLES OF DEATH (FINE	9- 16 KIZ-16-3 139 ICAINERINE NNICHT	APPROXUMATE INTERVAL BETWEEN ONSET AND DEATH					
phy:		PART I. DEATH WAS CAL	1	BETWEEN ONSET AND DEATH					
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the or remo		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF						
by see		underlying couse last.	(C)						
se es			IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(0					
ORD requ									
O M DE LA CO	2	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPS YES □ N	Y? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO					
VITAL RI AN: The Ichysician. ficate has fransit per I Hygiene (118 shaws	2	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE						
ON OF VITA IYSICIAN: TI ding physicia s certificate burial-transit Mental Its sharr r fem 18 sharr	//	OR CONTRIBUTION CAUSE OF							
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5 P F P P P P P P P P P P P P P P P P P		saw the deceased plive	hat view the body after death.						
OR A DIRE Oched		17% SIGNATURE	DEGREE ATTENDING MEDICAL	STAFF 22c. DATE SIGNED					
HOSPITAL Oned by the FUNERAL DI uld be detact on the State De ORTANT. If F	7	22d PHYSICIAN'S CLAME (TY	PHYSICIAN DIRECTOR 220 ADDRESS	PHYSICIAN 1602					
O HOSPITAL O HOSPITAL TO FUNERAL Should be de		Richard	Ambinder Johns Hook	ins tospital					
111/2 = = = 3 3-	2	BURIAL, CREMATION, REMOV	AL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATIC						
001 BP		BURIAL	1/18/1982 (ROWNSVILLE VET (2011	WSVILLE M.D.					
DHMH - 16 60M 7/73 (VR A 15 (4))	2	FUNERAL DIRECTOR	ADDRESS // ADDRESS	STRAR 256. REGISTRAR'S SIGNATURE					
(100 10 (2))		TEDUTUNCK	AL HOME SLUMYORT KA JUNIOUS	101 Many Janlasten					

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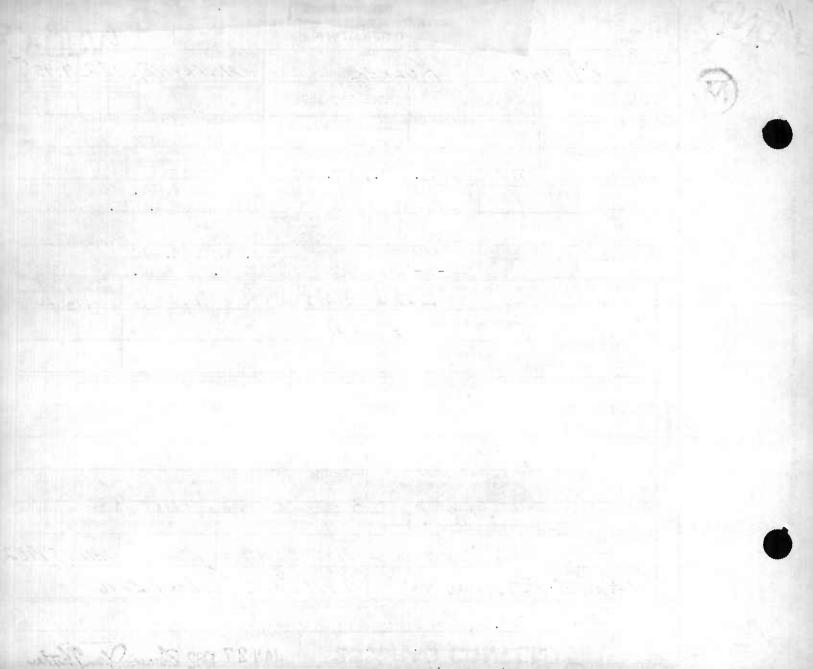
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1- STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE AMEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.								4
REGISTRAR 1. DECEASED NA (TYPE OR PRINT)	ME FIRST	1	MIDDLE RENE		LAST KNOX	20. [DATE KNOWN OF ESTI- EATH MATED	XX MONTH		2b. HOUR
1. SEX female	4. RACE black	5. DATE OF BIRTH DAY 4 14		PEARS IF UNDAY) MONT	DER 1 YR. IF UNDER	MIN' PRO	DATE PNOUNCED DEAD		DAY YEAR -82 19	2d. HOUR 9:02 px
	Md.	76. CITIZEN OF WE	SA	WIDOW		CED [altimore cit Baltimor	re Cit	У	MD.
10. CITY OR TOWN	nore	Parking	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS LOT 5603	Pulas			OCCUPATION OF WORKING LIFE)	(TYPE OF WORK	OR INDUST	
13a. STATE MD	13b. COUN		residence before admis: 13c. CITY OR TOWN Baltimor		13d. INSIDE CITY LIMITS?		19 Baro	clay :	St.	
14. FATHER'S NA/ FIRST Dona	1d	M •	Knox		15. MOTHER'S MAID Esthe	EN NAME r	MIDDLE .		okess	
160, WAS DECEAS (YES, NO, OR UNK)	ED EVER IN U.S. ARA NOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURI	IIY NO.	Esther	Knox 2	2109 B		y St.	
gove cause lying c	ions, if any, which rise to immediate a) stating the <u>under-</u> ause last.	(b)	AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TER	OF	E OR CONDITION GIVEN IN PA	ART 1 a				
19a DATE O	OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?						28. AUTOPSY	7? No 🗆	
UNDERLYIN CONTRIBU 21d. INJURY WHILE	VAL CAUSE WAS NG X OR TING CAUSE OF I	DEATH P.M.	MONTH DAY YEAR 1-7-8219	SU 21f LC	owinjury occurrible to shot bject shot cation 3ree Pulaski				Marylanc	STATE
	rtify that I took charguited fram: Natur	ge of the remains des	cribed above, held on	Autap Suicide	K/Sk	an , I Undetermi	nquiry , ined monner L	and in my a		
23a. BURIAL, CREA	11013	1/12/82	23c. NAME OF C	EMETERY C	OR CREMATORY	23d. LOCA CITY OR TO		cou	UNTY	STATE
24. FUNERAL DIR	March F	ADDRESS			25a. DATE	1 1 19	32 Zan	EGISTRAR'S	SIGNATURE M	D



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#0=5E	3. SE		4. RACE	5. DATE C	DF BIRTH	YEAR LAST B	IN YEARS IF UI		IF UNDER 2	AIN PRO	DATE	ED	HINOM	DAY	YEAR	2d. HOUR
82887		male	white	Feb	22	1961 2	OYRS.	DATE	Mooks	Mais.	DEAD		1	4	1982	7:144
CESSARY, PLEAS CESSARY, PLEAS PLEAVOUR FILES VITHIN 72 HOUR PLEATON STREET		RTHPLACE (ST PREIGN COUNTRY)	ATE OR	7b. CITIZE	N OF WH	AT COUNTRY?	8. MARR	RIED NE	VER MARRIE	D X 9.1	BALTIMO	RE CITY OR	COUN	TY OF	DEATH	
MECESSARY, PLEASE UNKERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS W PRESTON STREET.		Md.			U.S.	Α.	WIDOV		DIVORCE		Bal	Itimor	e f	City	,	MD
THE WEST	1D. C	ITY OR TOWN	OF DEATH	11. NAME		ITAL, NURSING H		HER INSTITU	ITION		OCCUPA TOF WORKIN	TION (TYPE O	OF WORK	12b. KI	IND OF BU	SINESS
O SHIED		Baltimo	re	(III NOI	43	311 Mary	Ävenu	e				Insta	116		-	
- 00 m = 0 m = /		AL RESIDENCE				RESIDENCE BEFORE AD	MISSION)		1					1		
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RS ASIN	H	no 18 CALISEO	F DE ATH (Enter	0-lu 0-0 -0-u		or (o), (b), and (c).		1 1-11.1	y 110	arrest	-1 (1	110 0110			PPROXIMATE	
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S. 2 No. No. No. No. No. No. No. No. No. No.		DADT 2 OTHER CH	WILLIAMS COMPLETE	NC CONTRACTION	(c)	JT NOT BELATED TO THE				-						
HALL RECORDS, 201 W. PRESTON ST., BALTIMK HOULD BE EXECUTED WITHIN 24 HOURS AFTER RD."PENDING" IN PENCIL IN ITEM 18. GIVE PA HIFF MEDICAL EXAMINER ALONG WITH FOR USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 OF HEALTH AND MENTAL HYGIENE, DIVISION IRIAL, CREMATION, OR REMOVAL.	z	FART Z UTITES SH	MILICANI COMPINIO	MS CONTRIBUTING	TO DEATH S	JI NOI BELAIEU IU INE	TERMINAL UISEA:	SE OK CONDITIO	IN GIVEN IN PART	[] (0),						
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SAR OT TO SAR	Š	214 INJURY C	G CAUSE C		1:00A	FINJURY (AT HOA	82 fo	ound h	anging	by n	еск					
NAME OF STREET O	A H	WHILE	NOT WHILE AT WORK			DRY, FARM, ETC.)		STREET		CI	TY OR TOWN		cc	YINUC		STATE
D THIS WR WARE		AT WORK	AT WORK	XX	hor	ne	431	Mar	y Aven	ue, B	altin	nore,			MD	
ATE S. LE S.		220. 1 certif	y that I took che	orge of the rea	mains desc	ribed above, held	on Autop	psy .	Inspection	XX.	Inquiry [, ond	in my a	pinion		
A STATE OF THE STA	1 3	death resulte	ed from	ol causes		Accident	Suicide X	Y Homi	cide .	Undeterm	ined mani	ner .				
EXAM DIE BUILD B WITI	10	100	111	DI	6	2		1/1	SPECIFY)							
AHDAH.".		ACTUAL SIGNATURE_	1/1	JV				M.DAssi	stant	MEDICA	LEXAMIN	NER	DATE	ED	1/4/	82
NE A SP	-	EXAMINER'S	NAME	-												
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CRRITICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIFF TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	D. Albania	(TYPE OR PRIN		Hormez	2 R. (Guard, M. [11 Pen	in St	reet	,Balti	mor	e, M	1D 21	201
DX 4 DA 4	23o.B	URIAL, CREMAT	ION, REMOVA			23c. NAME OF				23d. LOCA	TION		COL	YINL	ST	ATE .
JO 301		Buri		1/6			eland	Mem.			Balt	imore	3			Md.
DHMH - 17	24 F	UNSCHIE	Whek F	'unera	LDDHC	me, Inc			250. DATE RE	EC'D. BY RE	GISTRAR	256 REGIS	TRAR'S	SIGNAT	TURE	
(VR A15 ME (5))						Ito. Mo		773	JAN	5 K	282	2	V	. 9	W. The	

Erias.

1 0 0	REGISTRAR			CATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	MIDDIE	ĮAS		20 DATE OF DEATH MONTH	DAY YEAR 26 HOL
	12/124			valewski	1-	14-82 11 =
3. SE.	X	4. RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS
	temale	White	Aug.	1, 1915	66 yr:	
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
/	Md.	U.S.A.	WIDOWED	DIVORCED .	Baltimore	
10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OTHER INSTITUTION	120 USUAL OCCUPATION LTYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSIN
28	Baltimore	University Ho			Homemaker	Home
130 3	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	ITY I3C CITY OR TO	ORE ADMISSION)	3d INSIDE CITY LIMITS?	13e. STREET ADDRESS	
11.6	Md. ATHER'S NAME	Baltim		YES X NO	503 Freeman S	t. 21225
OP III. FA		MIDDLE		5. MOTHER'S MAIDEN NA	MIDDLE	(A) LAST
16n. V	Augustine VAS DECEASED EVER IN U.S. AR.	MED FORCES? 1166 SOCIAL SE	man	Rose	ADDRESS	Rhodes
le medico	YES. NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 217-12-	8993 A	Joseph Kowa	alewski, same as	
	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly ane cause per line for (a), (b),				APPROXIMATE INTE
		ECAUSE (a) Curd	mlugoi	onary a	rrest	30mi
	2028	DUE TO, OR AS A CONSEC	UENCE OF			
	Conditions, if ony, which gave rise to immediate	(b) Non	Hode	Kins lyn	vopowa	545
	couse (a), stoting the underlying cause last.	DUE TO, OR AS A CONSEG	UENCE OF	0		
		(c)				
NO	PART 2 OTHER SIGNIFICANT O	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	pertens		MINAL DISEASE OR CONDITION (GIVEN IN PART 10
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	20a AUTOPSY? 20b. IF	ES, WERE FINDINGS USE
					YES NO	TIFYING CAUSES OF DEA
	210. ACCIDENT WAS UNDERLYING		DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM I	8 PART T OR PART 2)
7 IN	OR CONTRIBUTING CAUSE OF DEA	in .	19			
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY
>	AT WORK NOT WHITE AT WORK	, OFFIC	c, r Anni, cTc j			
9 39	22a.1 certify that (1) (this haspit	al) attended the deceased from			, to	, 19, that (I) (
	saw the deceased olive on obave, (1) (we) (did) (did na) view the body after death	, and	that in (my) (our) opinion	death accurred an the dote and h	our and from the causes s
	226. SIGNATURE	000	DE	GREE		22c. DATE SIGNED
	How	when The	am low	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1-14-8
1	224. PHYSICIAN'S NAME (TYPE O	PRINT		??e ADDRESS	CDK	
	140 ma				into Hospita	1
22. 0	BURIAL, CREMATION, REMOVAL BURIAL	1/18/1982 H	NAME OF CEN	METERY OR CREMATORY	23d LOCATION	A COUNTY A
230. 6	Burial	1/10/1902 17	oul no	ss em	Drooklin I's.	Anna Anunda
-	JNERAL DIRECTOR	1/10/1902 11	Pasaden		BROOKLYN PK. TERECO BY REGISTRAR 25 BEG	Anne Arunde

and the latter of the latter o whitener this waster our and a man Selections x Selections St. 1850 .56 The same is tradered whose in the same of the The belonger was a surface of the grown of the Control of the Cont BEST CHARLES IN THE STREET STATE OF THE STREET AND ADDRESS OF THE STATE OF THE STAT MIDDLE

STATE

REGISTRAR DECEASED NAME

4012 Southern Ave. Misenko same address APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Sudden 17 years 4 years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY and that in (my) (my) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 1/21/82 1900 E. Northern Parkway Balto Md 21239 Burial Balto. Md . Druid Ridge 250 DATE REC'D. BY REGISTRAR 254 REGISTRAR'S SIGNATURE 24 FUSCATIMUNEK Funeral Home Inc. DHMH - 16 50M 1/81 (VRA 15, 4) 3331 Brehms Lane, Balto. Md. 21213

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENF

CERTIFICATE OF DEATH

20 DATE OF DEATH

ADOTOX

5:00

12b. KIND OF BUSINESS OR

Ins. Co.

1982

IF UNDER 1 YEAR

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17 years	rteriosclero ic cardiov scular disease	A THE SHOELD SHOW
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r FE	16 81 Sent 10,	XXXXXX Sept
1/21/82		
BOOLO LANGE	. 0. 1990 E. Wortsern Parkway B.	S. J. 171. H

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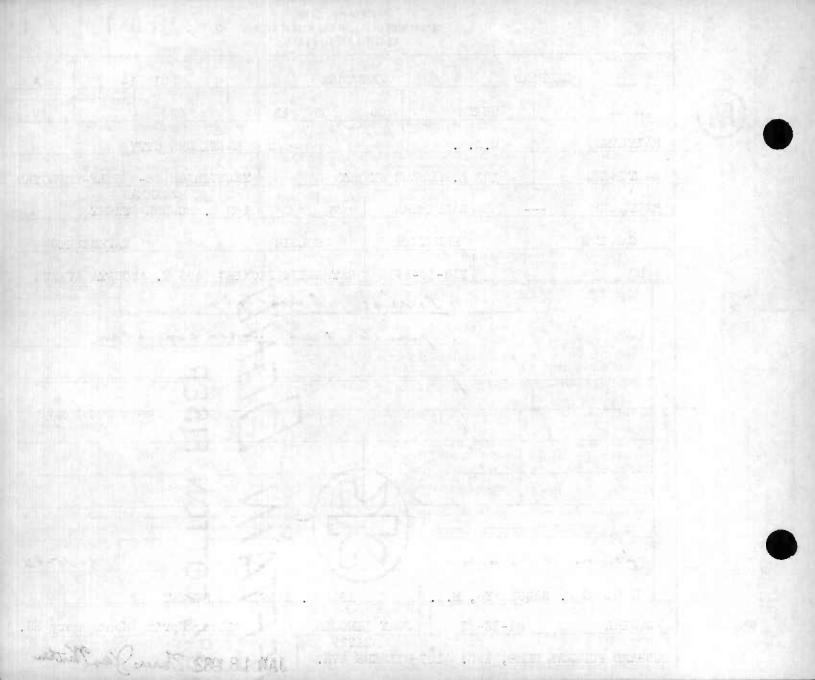
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTIF	ICATE OF DEAT	Н		REG. NO.			
		CEASED NAME FIRST		WICCLE	1	AST	-	2a. DATE OF	DEATH MONT	н ол	AY YEAR	26 HOUR
		BERN	ARD		KRI	EUTZER			01	14	4 82	AN
	3. SE	X	4 RACE		5. DATE C			6. AGE (IN YE	ARS LAST BIRTHDAY		FUNDER I YEAR	IF UNDER 24 HRS
		MALE	WHI	TE	06	08	13		68	YRS.	DATS DATS	HOURS MIN.
1		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRI	ED []	9 BALTIMOR	E CITY OR CO		OF DEATH	
5		ARYLAND	U.S	.A.	WIDOWE			BALT	IMORE C	TTY		MD
-	10 C	ITY OR TOWN OF DEATH	11. NAME OF			R OTHER INSTITUTION		12a USUAL O	CCUPATION			F BUSINESS OR
6	В	ALTIMORE		N. MONR		EET			FOR MOST OF WOR	- 1		EMPLOYED
1		AL RESIDENCE (IF NURSING HOME O		GIVE RESIDENCE BEFO		13d INSIDE CITY LIV	AUTCO		DDRESS PAI			20120
1	1 60	ARYLAND -		BALTIMO		YES X NO		103 N	. MONRO	E ST	CREET	
	14. F	ATHER'S NAME	WIDDLE			15 MOTHER'S MAIL	DEN NAM					
E		CARLTON	WIDDLE	KRUETZ	ER	GOLD	TE		MIDDLE	F	ESPENSI	
		VAS DECEASED EVER IN U.S. AI		166 SOCIAL SEC		17 INFORMANT			ADDRESS		102 21101	14,110
		YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR GATES)	218-18-	1918	CATHERIN	E PI	CKING	405 S.	AUG	SUSTA A	VENUE
		18 CAUSE OF DEATH (Enter o	nly one couse per	line for (a), (b), a	nd (c)							MATE INTERVAL
		PART I. DEATH WAS CAUS	ED BY: TE CAUSE (a)	Pa	12 60	an	they !	Ami c				
		4100	1000	r as a consequ	IENICE OF							
		Canditians, if any, which	((6)	A	121	'e seux	-	Conon	ary	24	red.	
		gave rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEOL		la Value		S. C. I.				
		underlying couse lost	(6)	N AS A CONSCO	DETACE OF							
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMI	NAL DISEASE	OR CONDITIO	N GIVE	N IN PART I	,
	CERTIFICATION											
2	3	190. DATE OF OPERATION	196. CONDI	ITION FOR WHICH	H OPERATIO	WAS PERFORMED		20a AUTOR		IF YES,	WERE FINDIN	IGS USED
	E							YES 🗌	NO D	YES		NO [
2	Ü	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH [DAY VEAD	21c HOW INJURY	OCCURR	ED (ENTERNATI	JRE OF INJURY IN IT	EM IB PAR	T I OR PART 2)	
7	Z¥.	OR CONTRIBUTING CAUSE OF DE	Airi		19							
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION	PL		CITY OR TOWN		COUNTY	STATE
	2	AT WORK NOT WHILE	(A) HOME SIK	TEET, PACTORY, OFFICE.	FARM EIC)	SINEE			CITY OK TOWA			SIAIL
		220.1 certify that (1) (this hasp	ital) attended the	e deceased fram,		, 19.		, to		, 19	9	that (I) (we) lost
		sow the deceased alive or above (1) (we) (did) (did no		ofter death	, ar	d that in (my) (our)	opinion d	leoth occurred	an the date or	nd hour	and from the	couses stated
		22h SIGNATURE	art were the pool	Office Geoffi.	136	DEGREE					22c DATE	SIGNED
		Holene h	Pop ser	des		ATTEN!		MEDICAL	STAFF PHYSICIAN		1-	15-82
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	1		22e ADDRESS		74. 1.0	Tay of the last			
		ROLENDO M. S.	ABUNDAYO	. M.D.		1940 W.	BALT	TMORE	STREET			
		BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMA		23d. LOCAT	ION			
		BURIAL	01-18-	82	FORT I	LINCOLN		Silv	er Spri	ng l	Montgo	mery Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After

24 FUNERAL DIRECTOR
NAME
HUBBARD FUNERAL HOME, INC. 21229 4107 WILKENS AVE.



46	1,	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H	YGIENE 8 2	01172
	1 12	REGISTRAR		CERTIFICATE OF DEATH	REG. N	
(BA)	(TYPE	CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 2b. HOUR
(M)	3. SEX	WALTER	14. RACE	TREY J. 1	6. AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	3. 327	M	10.1	MONTH DAY YEAR		MONTHS DATS HOURS MIN.
A P A		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 6 28 22	9 BALTIMORE CITY	PRS. 6 PRODUCTION OF DEATH
death.	Pi	Hsburah PA.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO	. CITY MD.
wit wit	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 12b, KIND OF BUSINESS OR
in by the filed be natified	1	BALTO.	Mercy	HOSPITAL	ENGINE	er Public Health
4 p c c c c c c c c c c c c c c c c c c	13a. S	TATE 13b COU	NTY 13c. CITY OR TOW	N 13d. INSIDE CITY LIMITS?		
rLANI hin 2, hin 3, hill shoul	14 FA	THER'S NAME	BALT	YES NO 15. MOTHER'S MAIDEN N	8-17 S	t. Paul P/ Apt 203
MARY nplete		FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST .
RE, A	16a. V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU		ADDR	Fin Park P
IMORE		ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	margaret	O. Krey	Vestminster Mr. 2/15)
BALT cate the sperson of the special	7	18 CAUSE OF DEATH (Enter of	nly ane cause per line for (a), (b), an	d (c).)	/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., E ertifica g phy son po remov event		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a) MASSI	ve QI C	Bleed	
PRESTON he death ce he attendin emove carb motian, or r		5715	DUE TO, OR AS A CONSEQUE	ENCE OF		
PREST he dea ne atte motian r troum		Conditions, if any, which gave rise to immediate	(b) CIRRHO	/	Hypertens	ien
W. St t		cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF	Para	
os, 201 uires the signed b en pleos burial,		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART 1101
ORDS	10	Cheanic	lung disea			
REC.	FICA	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
40 + 00	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21r. HOW INJURY OCCI	VES NO URRED (ENTER NATURE OF INJU	YES NO NO
NOFVITA SICIAN: T ng physici certificate ricol-transi entol Hygi		OR CONTRIBUTING CAUSE OF DE		AY YEAR	TENTER NATIONS OF INC	in the to rail to derait 2)
HYSIC nding his cer burio	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION	CITY OR TO	OWN COUNTY STATE
NG P offer t ffer t os the	2	AT WORK AT WORK	(AT HOME STREET EACTORY, OFFICE, F	ARM, ETC.)	CIT ON TO	31416
ENDII ol or NR: A Neoli is me			ital) ottended the deceosed from_	12/3/ 19 8 2 and that in (my) (gur) opinion	, , ,	82 , 19 82 , that (I) (we) last
ATTI ospit ECTC ed fo ot. of		saw the deceased alive on above, (I) (we) (did) (did go 22b. SIGNATURE	ot) view the body ofter death.	, , , , , , , , , , , , , , , , , , , ,	an death occurred an the d	ate and have and from the causes stated
the hose of the hose of the hose of the hose of the Dept.	130	11. 31314	10/1/	DEGREE ATTENDING		
HOSPITAL Inded by the FUNERAL old be det on the Store ORTANT:		220. PHYSICHN'S NAME (TYPE	OR PRINT)	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	TIAN CONTRACTOR OF THE PROPERTY OF THE PROPERT
0 0 0 = 0		Stephen t	CAMPBELL	Merc	y Hass	4/ B. 14 md.
0 fg 0 fg 3 M	23a B	URIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATOR		1. 6. 11
//O/BP	1	Jaria!	1-14-82 6	estminster (chete	y Westmi	nstel Great Md.
DHMH - 16 50M 1/B1 (VRA 15, 4)	7	NERAL DIRECTOR FU	neral Home	West minster 250.9	AN I O 1982	256- REGISTRALS IGNATURE 1

1-7-42 Lesteresto Cooley Westmidel Cornell A the Country and a living of many talks are a few as

FOR

STATE	OF	MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

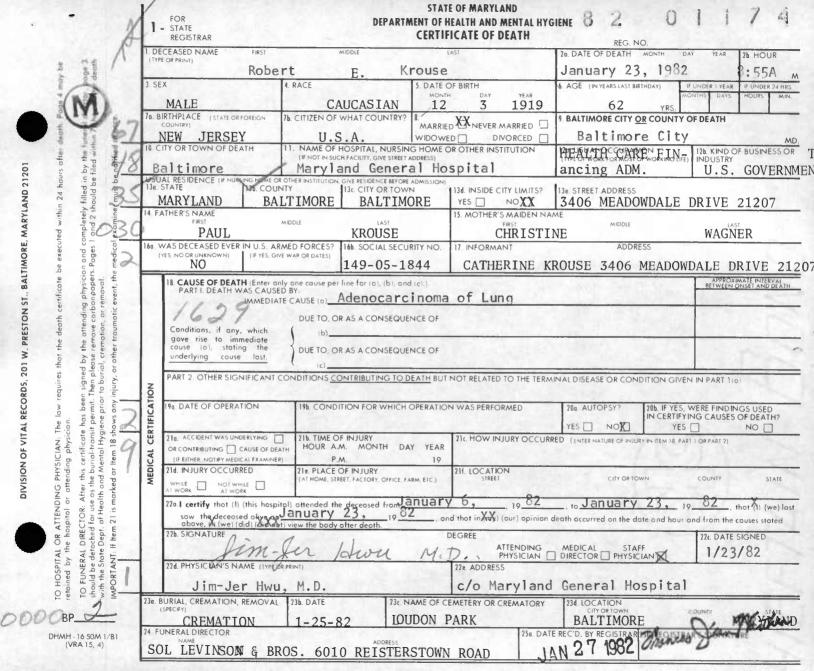
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								REG. I			
		CEASED NAME	FIRST		WIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	2h HOUR
		GE	ORGET	I E		ľ	KRIEGER	JANUARY	26, 19	982	9:30 A
	3. SE	Female		4 RACE Whi	ite		OF BIRTH 28 1 2 9 YEAR	6. AGE (IN YEARS LAST E	YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
77	7a B	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY	/? 8 MARRIE WIDOW	ED NEVER MARRIED	9. BALTIMORE CITY Baltin	OR COUNT		M
35		ITY OR TOWN OF DEA	ATH		HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPA	TION TPORKING L	12b. KIND C INDUSTRY	F BUSINESS OF
35	USU.	AL RESIDENCE (IF NURS STATE aryland	13b COUN		BATTINO		13d INSIDE CITY LIMITS? YES XX NO	13e. STREET ADDRESS		uldin S	
OC	14 F/	ATHER'S NAME FIRST Almo		Percot	LAST		15. MOTHER'S MAIDEN NAME FIRST Leticia	ME Jolly		LA:	51
1	16a V	NAS DECEASED EVER		MED FORCES? E WAR OR DATES)	001 14		Blanche Mali		ster		th St. Md. 212
		2352 Conditions, if ony, gave rise to imn couse (o), statin underlying cause	which nediate	(b)_	R AS A CONSEO	UENCE OF ADENON	IRATORY FAILUR MA OF RECTUM W		ATION		
	ATION	gave rise to imm couse (o), statin underlying cause	which nediate ig the last.	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	R AS A CONSEON VILLOUS R AS A CONSEON ONTRIBUTING TO	UENCE OF ADENO! UENCE OF DEATH BUT		/ITH DEHYDR	NDITION GI	VEN IN PART 1:	
2	RTIFICATION	gave rise to imm couse (o), statin underlying cause PART 2. OTHER SIGN 19a. DATE OF OPERAL	which nediate g the last.	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO	OR AS A CONSEON VILLOUS ON TRIBUTING TO ONTRIBUTING TO	UENCE OF ADENO! UENCE OF DEATH BUT	MA OF RECTUM WAS PERFORMED	VITH DEHYDR INAL DISEASE OR CO 200 AUTOPSY? YES □ NOX	20b. IF YE IN CERTI	S, WERE FINDII IFYING CAUSES ES []	NGS USED
129	CAL CERTIFICATION	gave rise to imm couse (o), statin underlying cause PART 2. OTHER SIGN	which nediate g the last. NIFICANT C	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 19b. COND 17b. TIME O HOUR A.	OR AS A CONSEON VILLOUS ON TRIBUTING TO ONTRIBUTING TO	UENCE OF ADENON UENCE OF DEATH BUT H OPERATIO	MA OF RECTUM W	VITH DEHYDR INAL DISEASE OR CO 200 AUTOPSY? YES □ NOX	20b. IF YE IN CERTI	S, WERE FINDII IFYING CAUSES ES []	NGS USED OF DEATH?
129	MEDICAL CERTIFICATION	gove rise to imm couse (a), statin underlying cause PART 2. OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURE WHILE NOTIFY ALTWORK AT WORK AT WORK	which nediate g the last. NIFICANT C TION DERLYING	DUE TO, O (b) DUE TO, O (c) ONDITIONS CC 19b. COND 11b. TIME O HOUR A. P. 21e. PLACE (AT HOME, STR	ONTRIBUTING TO TION FOR WHICH OF INJURY M. MONTH [M. OF INJURY REET, FACTORY OFFICE	UENCE OF ADEATH BUT H OPERATIO DAY YEAR 19	MA OF RECTUM WAS PERFORMED 21c. HOW INJURY OCCURE 21f. LOCATION STREET	VITH DEHYDR INAL DISEASE OR CO 200 AUTOPSY? YES □ NOX	20b. IF YE IN CERTI YI JURY IN ITEM 18.	S, WERE FINDII IFYING CAUSES ES []	NGS USED OF DEATH?
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1	1 -	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	0 1 !	7 5
453		CEASED NAME FIRST OR PRINT)	MIDDLE	(AST	20 DATE OF DEATH M	ONTH DAY YEAR	26 HOUR
MI		R. CORNELIUS	WOLFRAM	KRUSE		7, 1982	2:35A
	3. SE	Male	4. RACE White	Feb. 13, 1913	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
20	7a. Bl	RTHPLACE (STATE OR FOREIGN OUNTRY) Texas	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED MEVER MARRIED MIDOWED DIVORCED MIDOWED	9 BALTIMORE CITY OR BALTIMORE		
7	10 CI	Baltimore		G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Professo	WORKING LIFE) INDUSTRY	of Business or S Hopki
-	USU A	L RESIDENCE (IF NURSING HOME OR TATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N 13d INSIDE CITY LIMITS?	School of	Hygiene ar	d Publi
		aryland //	Baltim	Ore YES NO 1	2445 Pickw	rick Rd.	Health
0		Samuel	Andrew Kru	se Gerald	dine	Eilts	ST
1	{Y	'AS DECEASED EVER IN U.S. AR		RITY NO. 17 INFORMANT	e R. Kruse		ame
	CERTIFICATION	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last.	DUE TO, OR A A 20NSEQUE DUE TO, OR A CONSEQUE ONDITIONS CONTRIBUTING TO D	e Myseardia	20s. AUTOPSY?	TION GIVEN IN PART I	NGS USED OF DEATH?
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1		72s. I certify that the (this haspit saw the deceased alive on above the (we) (did) (did not 27th SIGNAPURE) 22st PMSKIAN'S NAME (1991 OF GLENDON E.	C. Harpo	72€ ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	X San	procedural Assurance
		URIAL CREMATION, REMOVAL					

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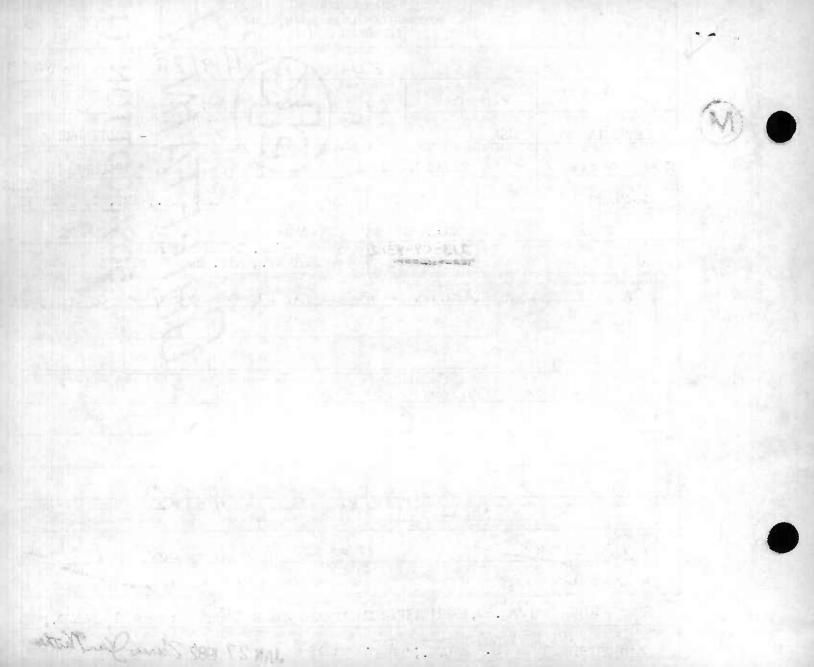
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3.		REG. NO.										
		1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY (TYPE OR PRINT)										
	,,,,,,	ELIZA	BETH A.	KUMME	3	JANUARY	24,	1982	12:50 a			
	3. SE	x Female	White	5. DATE (OF BIRTH H 13,1931 YEAR	6 AGE (IN YEARS LAST BE 50	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.			
		RIHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	JNTRY? 8. MARRIE WIDOWI	D NEVER MARRIED DO DIVORCED	9 BALTIMORE CITY OF BALTIMOR		MD.				
3		ITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GT JOHNS HO	PKINS H		12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Medical	OF WORKING	LIFE INDUSTRY	F BUSINESS OR			
5	130. 5		R OTHER INSTITUTION, GIVE RESIDEN NTY 134. CITY (rford Jopp	OR TOWN	YES NO	13e STREET ADDRESS 808 Pine	Road		my sile			
6		ATHER'S NAME Patrick	Henry Mur	ray	15. MOTHER'S MAIDEN NAM	ME MIDDLE C.		nan	ī			
2		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	8-9406	Mr. Donald H.		ame		MATE INTERVAL			
	7	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT		hous								
}	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	Z00 AUTOPSY?	IN CERT	ES, WERE FINDIN				
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	23o E	FATTLICIAN STAFF 22d. PHYSICIAN'S NAME TYPE OR PRINT) PATTLICIAN SAVA DEL BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION ATTENDING MEDICAL STAFF 1/24/82 TOHUS HUPKINS HOSPITAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION										
	24 FI	Burial UNERAL DIRECTOR Leotiard J. Ruci	Jan.27,1982 k Inc. Baltin	Balto. I	National 250. DATE	Baltimore RECD. BY REGISTRAR N 25 1982	PREGI	STRATES PINAL	State State			

DHMH-16 30M 2/80 (VRA 15, 4)

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deoth deoth	1. DE	CEASED NAME E OR PRINT) Cele	FIRST		MIDDLE E		ng.		20 DATE OF DEATH MON	- /3 -	YEAR 26 HOUR 82 11 90
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oers. Pages of. the medical	160	WAS DECEASED EVER (YES, NO OR UNKNOWN) NO		WED FORCES? WAR OR DATES)	219-30	0-6844	17 INFORMANT Kennard		ang, Jr. 220	6 South	1207 h1and Rd.
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os the but th ond M arked or	MED	21d. INJURY OCCUR WHILE AT WORK AT WO	HILE C		OF INJURY TREET, FACTORY, OFFI	CE, FARM, ETC.)	211. LOCATION STREET		CITY OR TOWN	COU	UNTY STATE
CTOR: A for use		220.1 certify that (1) saw the deceas above 4+ (we) (ed olive on	1.	-13-19	87, an		19 ur) opinian d	death occurred an the date of		
TO FUNERAL DIRES should be detoched with the Stote Dept.		276 SIGNATURE			Meg	em	22e ADDRESS	ENDING E			-15-82
shoul with MPO	23n	LAURENCE BURIAL, CREMATION,		23b. DATE		RE NAME OF C	EMETERY OR CRE		EDICAL CENTER	2122	9
		BURIAL	LINOTAL	1/16/			WN CEMET		CITY OR TOWN	COUNTY	STATE RYLANI
50M 1/76 5 (4))	24 F	UNERAL DIRECTOR NAME BBARD FUNE	RAL H		ADDRESS		21229	25a. DATE	PEC'D BY REGISTRAD	The second living	and and

Celerto . Jane Jane Jane Jane Jane 1 Long Jane 1 Long 1 Long 1 Long 1000 . Jeto wo. 301 . Long

Leonard J. Ruck, Inc. Baltimore, Md.

Jan. 11. 1982 Loudon Park

FOR

REGISTRAR

Burial

24 FUNERAL DIRECTOR

DHMH-16 25M

(VRA 15, 4) 1/79

I. DECEASED NAME

- STATE

TYPE OR PRINTS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

3:30A January IF UNDER 24 HRS AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR HOURS BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12h, KIND OF BUSINESS OR 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Sales Dept. Store 13. STREET ADDRESS 1631 Sherwood Road Ruff MIDDLE ADDRESS 1631 Sherwood Ave. Balto. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Eight Hours Ten Days Twelve Days 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO K NO [YES T 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE January and that in (Ky) (our) opinion death occurred on the date and have and from the causes stated 1/7/82 MEDICAL STAFF DIRECTOR PHYSICIAN c/O Maryland General Hospital 23d LOCATION Baltimore 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAL SMILE IN JAN

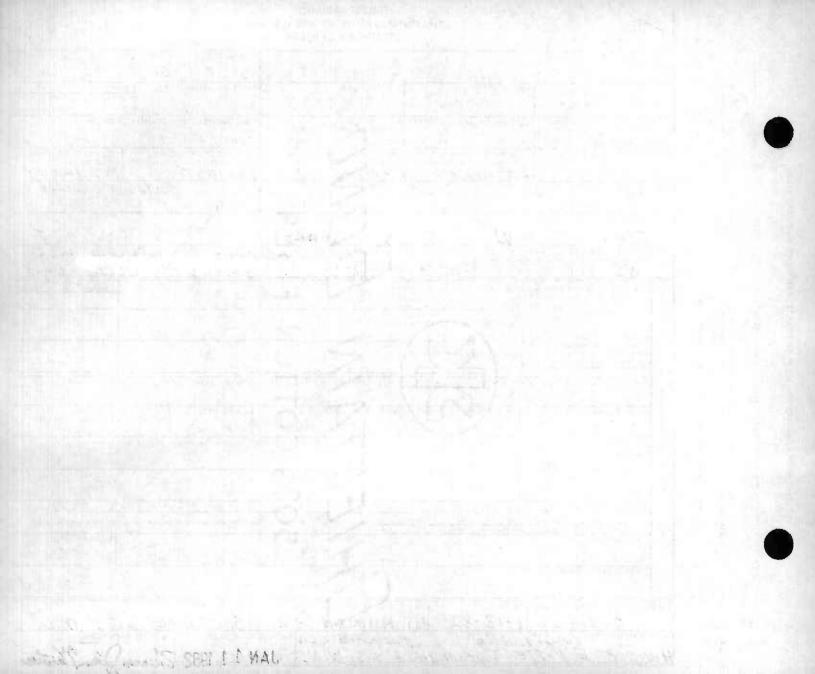
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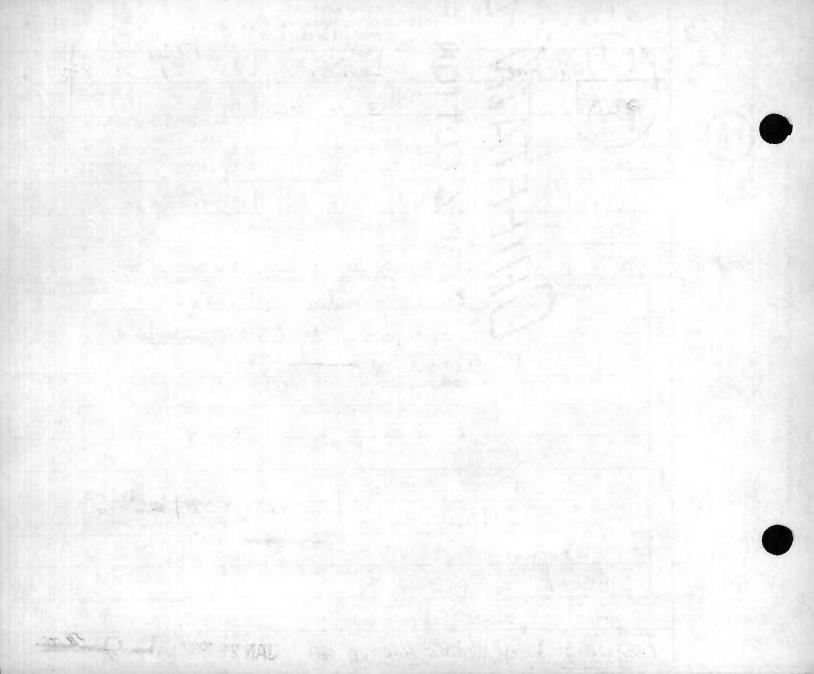
2a DATE OF DEATH MONTH

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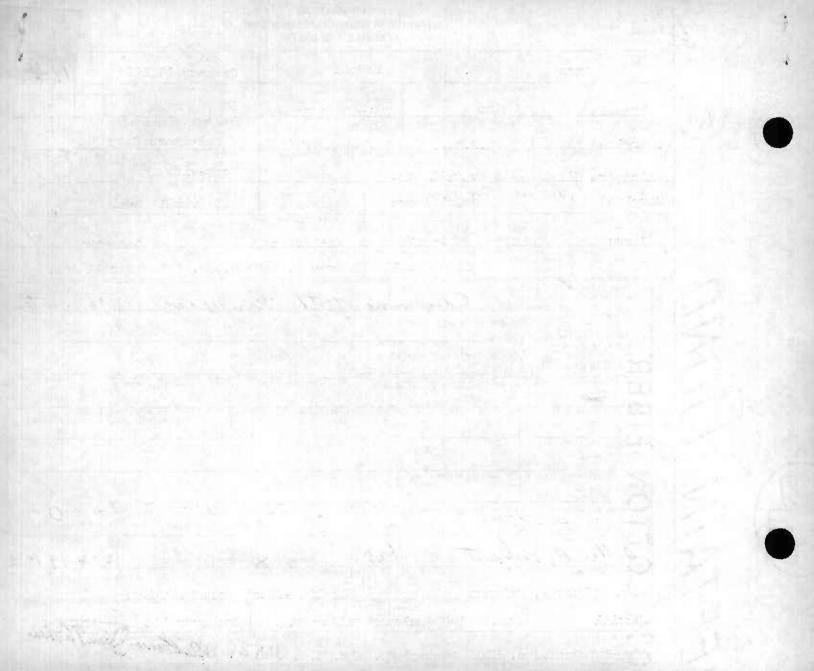
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m after	3. SE	*male	4 RACE		5. DATE (6. AGE (IN YEA		IF UNDER 1 YEAR IF UNDER 24 HRS
		RTHPLACE (STATE OR FOREIGN COUNTRY) Italy	U.S.A		MARRIE			City OR COUNTY O	OF DEATH MD
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MARYLL ampletely ond 2 th		ATHER'S NAME FIRST DOMINIC	MIDDLE LaV	iola LAST		15. MOTHER'S MAIDEN N	VAME	MIDDLE Chico	LAST
TIMORE on and co		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 218-07-28		17 INFORMANT Lena LaViola	a, 5758 C	ADDRESS Cedonia Ave	9.
RDS, 201 W, PRESTON ST., requires that the death certific in agreed by the attending phy Their places commons cribinitial, streamflor, or terminative, at other troumotic event injury, at other troumotic event.	NOI	Conditions, if eny, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAT	DUE TO, O	RAS A CONSEQUE	ENCE OF	enda. Literala NOT RELATED TO THE TEN	MINAL DISEASE C	e e e e e e e e e e e e e e e e e e e	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH N IN PART 110
ALRECO	CERTIFICATION	19a DATE OF OPERATION			OPERATIO	N WAS PERFORMED	- tours	IN CERTIFY	
DIVISION OF VITAL RECORDS, 201 DIVISION OF VITAL RECORDS, 201 named by the facilities of otherwing physician. O RUNKRAL DIRECTOR, After this certificate has been righted thought be detached for use in the familial handle perior to their prior to this out the State Dept. of Health and Americal hypiteric prior to this of whose the transfer of the familial handle of t	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE THER. NOTIFY MEDICAL EXAM THE AT WORK NOTIFY THE AT WORK (this he saw the deceased alive obove, (I) (we) (did) (did 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (1) SEE NAME (1)	DEATH HOUR A. INER) 21e PLACE [AT HOME STI cospital) attended the non [not] view the body EOR PRINT]	M. MONTH DAM. OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	DEGREE ATTENDING	, to 8 · 41	on the dot and hour of	COUNTY STATE COUNTY STATE COUNTY STATE COUNTY STATE That (I) (we) lost ond from the causes stated 224. DATE SIGNED
/ >/BP	23a E	BURIAL, CREMATION, REMOV		23¢ N		EMETERY OR CREMATORY	23d LOCATE	TOWN	COUNTY STATE
WH-1650M1/81 (VRA 15, 4)	24 FL	JNERAL DIRECTOR	Ruck In		./	25e. D.		SISTRAR 256 AUGISTRA 382 None	APOSIGNA TO



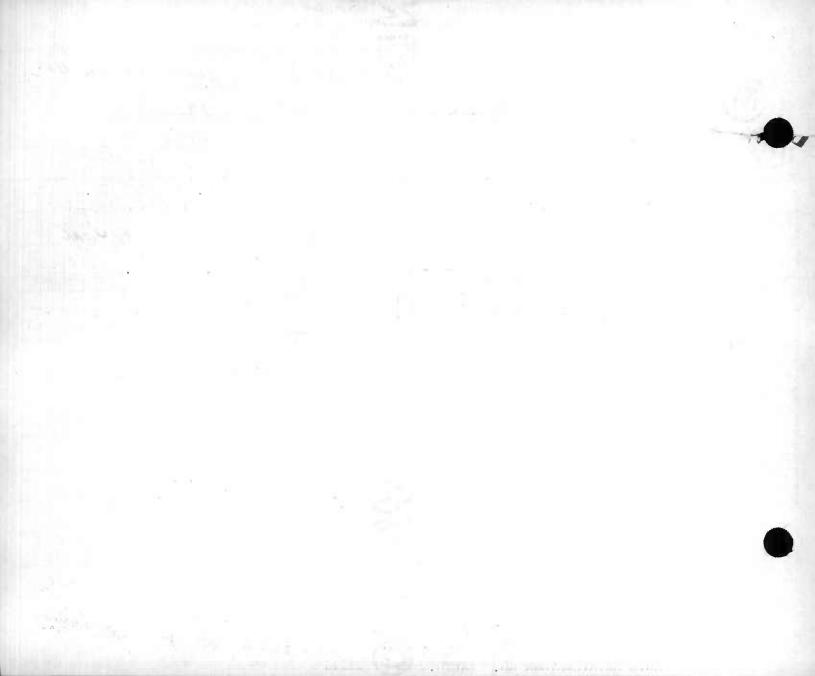
STATE OF MARYLAND



Thomas Male LACE (STATE OR FOREIGN RY) ENDA (STATE OR F	(IF NOT IN SUCH FACILITY Union ROTHER INSTITUTION GIVE RESID NTY 136. CIT	S. DATE Sep OUNTRY? 8. MARRI WIDOW LL, NURSING HOME GIVE STREET ADDRESS) MEMORIAL PONCE BEFORE ADMISSION Y OR TOWN	OR OTHER INSTITUTION Hospital	26. DATE OF DEATH January 6. AGE (IN YEARS LAST BIR 75 9. BALTIMORE CITY O Balt: 120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O	THDAY) YRS. IF UNDER MONTHS YRS. R COUNTY OF DE. imore Cit ON 12b.	
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180	ue	\	ATTENDING PHYSICIAN	MEDICAL STAF		/29/
Dr. Luis E.	Rivera M.	D.		r Road Ba	altimore,	Maryla
L, CREMATION, REMOVAL	23b. DATE 2/1/82	A TOTAL CONTRACT OF		23d LOCATION CITYOR TOWN Baltimor	e, Maryla	and s
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m £		REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	, , , ,
20.00	1. DEC	CEASED NAME FIRST	MIDOLE	LAST	20 DATE OF DEATH MONTH DATE	1120
	3. SE)	HAT1	1E In RACE	S DATE OF BIRTH	ANUMY 27	UNDER I YEAR IF UNDER 2 HRS
45)	J. 3E/	Penale	CAUCASTAN	MONTH DAY YEAR 2 16 1886		NTHS DAYS HOURS MIN
2 3000		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY O	F DEATH
0 0		RUSSA	USIF	WIDOWED XXX DIVORCED	1 0.10,	cry ME
10 J		BATU CUY	(IF NOT IN SUCH FACILITY, GIVE STREET	1405P1112	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 LIND OF BUSINESS OR INDUSTRY AT HOME
ould be	USUA 13a. S	TATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 136. CITY OR TOW	N 134. INSIDE CITY LIMITS?	13.2500 AWREELVEDER	E AVE. 21215
examiner examiner	14. FA	THER'S NAME FIRE BRAHAM	MIDDLE LAST	15 MOTHER'S MAIDEN NA FIRST FANNIE	ME	FRUMAN
	(A	VAS DECEASED EVER IN U.S. A		RITY NO. 17 INFORMANT MR	S. FREDA GARELICK	
lease remave carbanpap ial, cremation, ar remava ar other traumatic event,		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUI	ence of Missing And	~ × ×	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
it. Then plicar to burny, on injury, o	ATION	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM		VERE FINDINGS USED
shows or	CERTIFICATION	THE DATE OF OPERATION	778. CONDINORTOR WHICH	OFERATION WAS FERTORMED	YES NO YES	NG CAUSES OF DEATH?
I SO		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE)	HOUR A.M. MONTH D.	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART	
h and M	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I		DIXON IN M.E. NOTI	
n 21 is mo		sow the deceased alive a above, (1) (we) (did) (did n	oital) attended the deceased from an analysis of the second secon	4	2, to JAN 27, 19 death occurred on the date and hour a	nd from the couses stated
State Dept		226. SIGNATURE	OR PRINT	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED
should be de with the Stat IMPORTANT		5 7	ASKULSKYV	MD SINA		of BARTO
	(!	BURIAL CREMATION, REMOVA		VORKMEN CIRCLE	23d. LOCATION CITY OR TOWN BALTIMORE	MARTIDAND
AH-16 20M 15, 4) 7/78		UNERAL DIRECTOR SOL 1		VORKMEN CIRCLE 250 PAI , INC. 21215	ERECO. BY REGOZAR ZSI JERONSTRA	SIGNATURE



3	1.	FOR STATE REGISTRAR	DEF	PARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL H' ICATE OF DEATH	YGIENE 8 2	0 1 1	3 3
moy be page 3 er death		CEASED NAME FIRST OR PRINT) MAUA	MIDDLE RACE	5. DATE C	ee Le DIOTH	20 DATE OF DEATH	MONTH DAY YEAR 18 82 HDAY) IF UNDER LYEAR	26 HOUR M IF UNDER 24 HRS
Page 4 m		Female	Black CITIZEN OF WHAT COUR	MONTH		83	YRS. PROUNTY OF DEATH	HOURS MIN
deoth.		OUNTRY) OUNTRY) OUNTRY) OUNTRY) OUNTRY)	USA 1. NAME OF HOSPITAL, N	MARRIEN WIDOWE	DIVORCED [Baltino	ore City	MD. OF BUSINESS OR
bours offer hours offer he filed	USU	AL RESIDENCE (IF NURSING HOME OR OF CATE 136 COUNT	THER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)	Home	RISAKE NS	WORKING LIFE) INDUSTRY	ok
erthin 24 orthin 24 stely filled 2 should inner mus		N D THER'S NAME	IDDLE IAS	110	13d. INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN N	201 N.C	shington .	St.
MORE, MAR e executed w n and cample Poges I and		YAYWAYA VAS DEČEASED EVER IN U.S. ARM	Kol	SECURITY NO.	MARY	ella Reaves	SOI Duleki	st 212/6
that the death certificate by the attending physician please remove carbon papers. Tiel cremation, or removal.		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost	DUE TO, OR AS A CON DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	SEQUENCE OF PACEL	naker in	tory Arr eart dis-	est APPROXIBETWEEN	MATE INTERVAL ONSET AND DEATH
AL RECORDS, 3 The low require ton. Thes been signs if permit. Then p iene prior to bu tows any injury.	CERTIFICATION	PART 2. OTHER SIGNIFICANT CO	196. CONDITION FOR V			200 AUTOPSY? YES NOW	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	NGS USED
VISION OF VITAL R. 5 PHYSICIAN: The l. intending physicion. This certificate has the buriol-transit per ond Amental Hygiene ked or frem 18 shows	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF GEAT (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE OTWINE ATWORK	21b. TIME OF INJURY HOUR A.M. MONTI P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	19	211. LOCATION STREET	JRRED (ENTER NATURE OF INJUR		STATE
DR ATTENDI hospitol or INRECTOR: A thed for use lept. of Heal I them 21 is m		22a. I certify that (1) (this haspite saw the deceased alive an above, (1) (we) (did) (did nat)	1/2/8	195L, or	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	m deoth occurred on the do	te and hour and from the	
TO HOSPITAL Ceroined by the Eroined by the Should be deto with the Stote D MAPORTANT: If		Moges (ebremana		22e ADDRESS			
BP	230. (BURIAL, CREMATION, REMOVAL SPECIETY BUrial	1/23/82		emetery or cremator or Cemete	CITY OR TOWN	COUNTY	STATE M d
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	JNERAL DIRECTOR	h F/H 1101	ESS	rth Ave	ATE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNAT	

tille MR Linke to me I'm the a thought the state of the files TEAHO 1 201 HYTHERING ST. Pages Mary Dillow J. Mrs 41524 Detire My Sine 150; Dupoling Cardia Respushery Aurest Auser Scientic Heart disease 5/ Mounter me From

1	+	FOR STATE REGISTRAR	,	D	EPARTMENT O	TE OF MARYLAND HEALTH AND MENTAL HI IFICATE OF DEATH	YGIENE 8 2	0	1 1	8 9
E #		OR PRINT)	RST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAT	YEAR 21	HOUR
page 3	0.00		ARGARET		V.	LEESE			/	OL A M
offer	3. SE	Female	4 RACE Whi	te	Ju		6. AGE (IN YEARS LAST BIR	YRS.		FUNDER 24 HRS
[M)3	70. B	RTHPLACE (STATE OR FOREIG COUNTRY) Maryland		S. A.	MARE	HED NEVER MARRIED DIVORCED T				MD.
pay / L		ITY OR TOWN OF DEATH	(IF NO	OT IN SUCH FACILITY, G	NURSING HOM	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION	126. KIND OF E	BUSINESS OR
# %-/		ALTIMORE		NION MEN			Weaver		Cotton	MILL
185	130	AL RESIDENCE UF NURSING H	COUNTY	Balti	or town Lmore	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS.	land Av	e	
190	14. F/	THER'S NAME Charles	Shepher	rd	LAST	15. MOTHER'S MAIDEN N	- Ship	Ley -	LAST	
100		VAS DECEASED EVER IN U			IAL SECURITY NO	. 17. INFORMANT	ADDR	ESS		
e med	(YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR D		05 0513	Earl L. Le	eese, 6 Bego	nia Cou		1234 TE INTERVAL SET AND DEATH
1. Then please remove carb or to buriol, cremotion, ar r y injury, or other traumatic	TION	PART 2. OTHER SIGNIFIC	ich offe the ost. CANT CONDITION OF THE OST.	TO, OR AS A CO	NSEQUENCE OF	UT NOT RELATED TO THE TER				
Hygiene prior	CERTIFICATION	19a, DATE OF OPERATION	1 19b.	CONDITION FOR	WHICH OPERAT	ON WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES [VERE FINDING NG CAUSES OF	S USED F DEATH? NO
		21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HO	TIME OF INJURY OUR A.M. MON P.M.	TH DAY YEA	R	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
alth and Menta marked or Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. I	PLACE OF INJURY OME, STREET, FACTOR		21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
Stote Dept. of He		220.1 certify that (I) (this and the second of above LL with Gold of the second of the	type on do not view the	e bady after deat	h. 19 82	ond that in (my) (our) opinion DEGREE D ATTENDING PHYSICIAN 22e. ADDRESS 202 2 ()	MEDICAL STA	FF An-	nd from the cas	GNED 2
should be with the IMPORTA	23o.	BURIAL, CREMATION, REM	2 K / A	WALS		CEMETERY OR CREMATORY		ay ca		
	I	(SPECIFY)	Feb	1, 1982		ne Park	Woodlawn I	Balte Co	OUNTY	STATE
OM 2/80 5, 4)	Z4. F	Diveral director Burgee Func	ral Hon	e. Balti	LMore, M		EB 1 1982	PANCES	PSISIGNATUR	jesthere

of the same , use 15, 1865 ar lar Ifin mousely dayson and the ave TOP COLEME AVE Shirles Encohord netic - site 217 05 0513 mil . _mem., _ am onta Court (100) urisi Pyl. 1002 Corraine 1814 no let 1 1000. ur me . uneral ore, with ore, Mi.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE DESCRIPTION OF THE PROPERTY OF THE COMME CHERON SAID SAFERY SANDERS TO SAID WAS TAKEN BARROWS IN THE STATE OF THE STA SENDE FREEZE XX THE LINE WAS A STATE OF THE The state of the s The state of the s AND THE PARTY OF T ELECTIVE TO THE COURT OF THE PARTY OF THE PROPERTY OF THE PARTY OF THE

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	X	REGISTRAR			CERTII	FICALE OF D	EATH	REG. NO.		
	1. DEC	CEASED NAME FIRST	,	AIDDLE	110	LAST	11111	20. DATE OF DEATH MONTY D	AY YEAR	2b HOUR
-	11112	LEST	ER 1	F' •	L	EONARD		1/24/	182	14:30 A.
	3. SE	X	4 RACE	The state of		OF PIRTH	•	6 AGE (IN YEARS LAST BIRE TOAY)	FUNDER I YEAR	
		Male	W	ite	11	10	o ^{FAR}	78 YRS	DNIHS DATS	HOURS MIN.
		IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.	D NEVER A	AARRIED DO	BALTIMORE CITY OR COUNTY	OF DEATH	
>		Maryland	U.S.		WIDOWI	ED DI	ORCED [Baltimore Cit	У	MD.
2	Ba	ITY OR TOWN OF DEATH 1timore	St.	HOSPITAL, NURSING H FACILITY, GIVE STREET A Agnes Hos	pita]		ITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Bartender	12b. KIND C INDUSTRY Bar	OF BUSINESS OR
5	Ma	ryland		13c CITY OR TOWN Baltimo	1	13d. INSIDE CI YES 🔼	NO 🗌	13e STREET ADDRESS 2427 Ashton Stre	eet :	21223
0	14. FA	ATHER'S NAME George	WIDDIE	Leona	rd		MAIDEN NAM	WE	Leo	mard
	16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECUR		17 INFORMA		ADDRESS		043
		YES, NO OR UNKNOWN) (IF YES, GI		215-07-1	825	Charles	L. Di	Grestine 3045 Hid	kory l	Mede Dr.
		18 CAUSE OF DEATH (Enter o PART I, DEATH WAS CAUSI IMMEDIA	nly one cause per ED BY: TE CAUSE (o)	line for (a), (b), and	4 .	e Hear	+ Fay!	kere	APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
1		Conditions, if ony, which	DUE TO, OF	AS A CONSEQUEN	NCE OF	lial	Isc he	n'a		
		gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OF	AS A CONSEQUE	ICE OF	on		DE LESS HOW	E 28	
4		PART 2. OTHER SIGNIFICANT	(c)	A CO CI CIMILIDICI INC.	A THE OUT	NOT DELLITED	TO THE TEN		1	
	NO I	Recta	I Certi	MIRIBUTING TO DI	wi	M	ne la	NAL DISEASE OR CONDITION GIVE	hay 5	45km
	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH O	PERATIO	N WAS PERFOR	RMED	200 AUTOPSY? 206 IF YES, IN CERTIFY	WERE FINDING	NGS USED OF DEATH?
-	ERT	21g. ACCIDENT WAS UNDERLYING	7 216. TIME OI	INTIRY		121, HOW IN	URY OCCURR	YES NO YES ED (ENTER NATURE OF INJURY IN ITEM 18 PAR		NO 🗌
		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	A. MONTH DAY	YEAR	ZIC HOW IN	TORT OCCURR	CD LENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE O	OF INJURY	19	211 LOCATIO	N			
4	¥	WHILE NOT WHILE AT WORK	(AT HOME STRI	EET, FACTORY, OFFICE, FAI	RM. ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
	\mathcal{I}	220.1 certify that (1) (this hosp				-16	, 19_ 8 2	L, to 1-24	82	that (I) (we) lost
	97	saw the deceased alive or above (D(we)(did)) did no	ot) view the body	24 19 8	2,0	nd that in (my) (our) opinion d	leoth occurred on the date and hour o	and from the	causes stated
	4.5	22b. SIGNATU	1	5/		DEGREE	TTENIDING	MEDICAL STAFF	22c. DATE	SIGNED
4		fame	ned)	um		n P	TTENDING HYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1-2	1-82
		22d PHYSICIAN'S NAME (TYPE O	Zeid	man		22e ADDRESS		Hospita1		
		BURIAL, CREMATION, REMOVAL		23c. N/	AME OF C	EMETERY OR C		23d LOCATION		
	{:	Buria1	1/27/	82 Lo	udon	Park Co	emetery	Baltimore	COUNTY	Maryland
	24 FU	JNERAL DIRECTOR				229	25a DATE	REC'D. BY REGISTRAR 315 REGISTR	PANA	Harther
	Hu	bbard Funeral	Home, In	c. 4107 W	ilke:	ns Ave.	JA	N 27 1982 Cources	0	

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the burial-transit permit. The this certificate has

morked or Item 18 sho

MPORTANT

MEDICAL

	STATE OF MARTLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGI
STATE	CERTIFICATE OF BEATH

1 - STATE REGISTRAR	DEFAR	CERTIFICATE (REG. NO.		
1. DECEASED NAME FIRST	WIDDLE	LAST	20	DATE OF DEATH MONTH	DAY YEAR	26. HOUR
Will	liam A.	Leonard	J	January 30, 1	982	9:30A N
3. SEX	1 RACE INHITE	5. DATE OF BIRTH	1902	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
20-BIRTHPLACE (STATE OR FOREIGN COUNTRY)	16. CITIZEN OF WHAT COUNTR	WIDOWED [DIVORCED	Baltimore C		MC
Baltimore	11. NAME OF HOSPITAL, NURS (#NOT IN SUCH FACILITY, GIVE STRI Maryland Gene	eral Hospit	(1)	BUSUAL OCCUPATION YEAR FOR MOSL OF WORKIN		OF BUSINESS OR
13a STATE 13b CC	NE OR OTHER INSTITUTION GIVE RESIDENCE BEF DUNTY 13 DITY OR TO			3239EU	ioTT	57
14. FATWER'S NAME SEORGE	MIDDLE W. LEONA	15 MOTI	MAGGIE	WIDDLE	Ris.	EL
160 WAS DECEASED EVER IN U.S. (YES, NO ORUNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL SE GIVE WAR OR DATES)	3916 AN	WA LEONA	ADDRESS SA	ME 2	1224
PART I. DEATH WAS CAL	r only one couse per line for (o), (b), USED BY: DIATE CAUSE (o) Multiple	System Or	gan Failure	>	APPRO: BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
Conditions, if any, which		UENCE OF Sepsi	5			
couse (o), stoting the	DUE TO, OR AS A CONSEC	DUENCE OF				
PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELA	ATED TO THE TERMINA	L DISEASE OR CONDITION	GIVEN IN PART 1	(0)
190. DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PE	RFORMED		FYES, WERE FIND	

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 211 LOCATION CITY OR TOWN COUNTY

NOT

270.1 certify that XI) (this hospital) attended the deceased from Januar sow the deceased olive ap January 30, 19 82, and obove, XI (we) (did) (XIA) A XIew the body after death. and that in (M) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE

226. SIGNATURE

MEDICAL STAFF X ATTENDING PHYSICIAN

22c. DATE SIGNED

NO

STATE

NOT WHILE

22e ADDRESS

c/o Maryland General Hospital

23a BURIAL CREMATION, REMOVAL

Ahmad Akar, M.D.

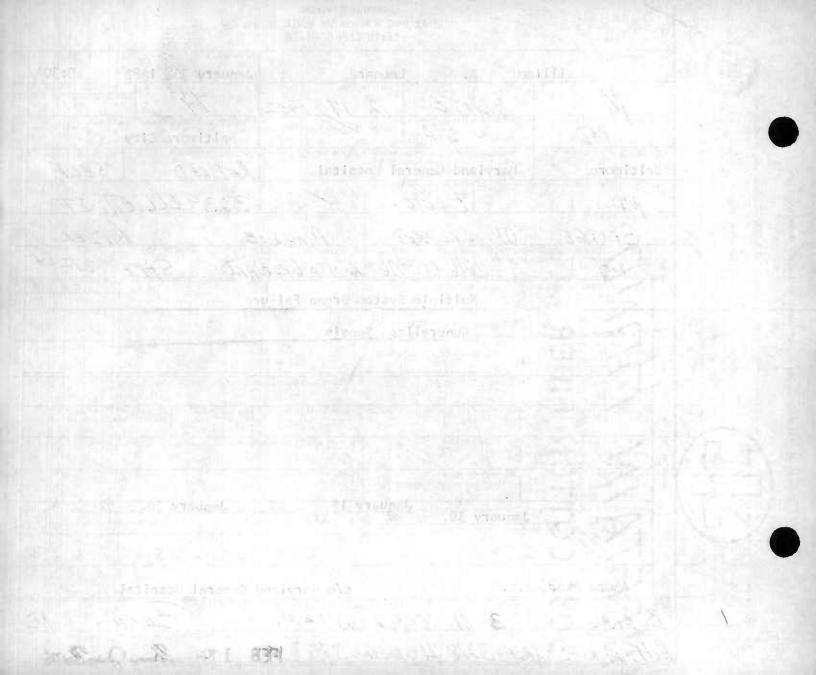
23d LOCATION

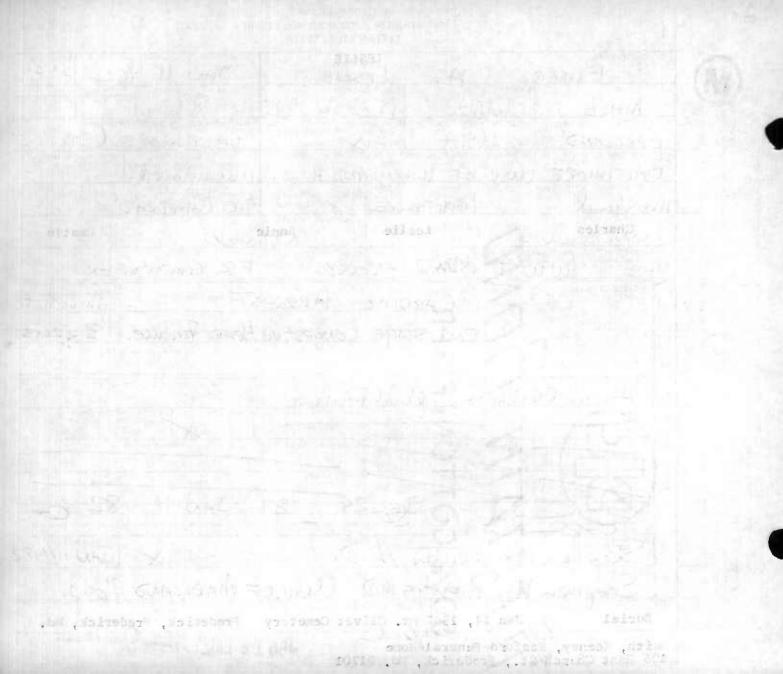
EUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 234 WEGISTRAR'S SIGNATURE

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR:

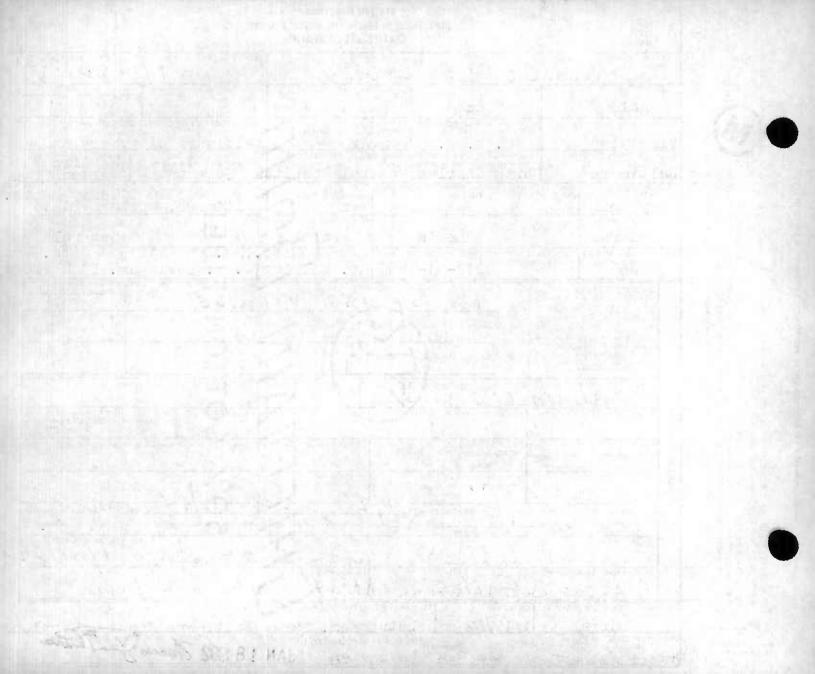




	I. DE	REGISTRAR AL CEASED NAME FIRST	MIDDLE		ICATE OF DEATH	REG. NO	O. MONTH DAY YEAR	2b HOUR
4.3 de		OR PRINT) KU	Kuzma Kuzma	Lesniak	equiak	N. DAILE OF BEATT	16 82	L R
ge 4 mo	3. SE	Male	4.RACE White	5. DATE (6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAY YRS.	
Tomos II amos		RTHPLACE (STATE OR FOREIGN COUNTRY) RUSSIA	76. CITIZEN OF WHAT CO	OUNTRY? 8 MARRIE	D KNEVER MARRIED -	Baltimore CITY O	City	
offer of the state		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, G	, NURSING HOME (GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATI	F WORKING LIFE) INDUSTR	
14 hours Iled in build be fill ust be in	USU / 13a. S	LE RESIDENCE (IF NURSING HOME TATE 136.5 OL	OR OTHER INSTITUTION GIVE RESIDER UNTY 13c. CITY		13d. INSIDE CITY LIMITS?	Labor 13e. STREET ADDRESS		r Ref
mpletely fill ond 2 shou		THER'S NAME FIRST		timore	YES NO 15. MOTHER'S MAIDEN NAI	WE	slie Avenue	LAST
n ond con Poges 1		AS DECEASED EVER IN U.S. A	ARMED FORCES? 16b. SOCI	IAL SECURITY NO.	17. INFORMANT Sonia Lesni	unknown) ADDRE		Dalti
ow requires that the deal been signed by the other mit. Then please remove, prior to buriol, cremation any injury, or other troum	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a, DATE OF OPERATION	DUE TO, OR AS A CC	ING TO DEATH BUT		INAL DISEASE OR CONE	20b. IF YES, WERE FING	DINGS USED
icion. te hos sist per giene shows	RTIFIC	1 12 82 , 6 9	32 Intraces	rebul	black 21c. HOW INJURY OCCURR	YES NO NO	IN CERTIFYING CAUS	NO [
of Clans of physical certifical riol-tron entol Hy frem, 18 s	MEDICAL CI	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	EATH HOUR A.M. MON	known 19	unknown	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)
s certification of the state of	MA.	WHILE NOT WHILE XX	(AT HOME, STREET, FACTOR		STREET	ome address		5.
his his or	W			14 T 10			11	
ITENDING PHYSignate or ottendir CTOR: After this for use as the bu of Health and M	M	22a.l certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did i	pital) attended the decease	h. Natura	d that in (my) (aur) apinion (10 TAN	ote and haur and from t	he couses sto
OR ATTENDING PHYSING P	W	22a.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did a 22b. SIGNATURE	pital) attended the deceose on TITY 1 (on not) view the body after deat	h. Natura	d that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN	10 TAN	ote and haur and from the	that (I) (v he couses sta TE SIGNED 16 - 8
NATIENDING PHYNASPITAL OF CONTROLL OF CONT	W	22a.l certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did i	pital) attended the deceose on TITY 1 (on not) view the body after deat	h. Natura	d that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN 22e ADDRESS	deoth occurred on the do	ote and haur and from the 22c. DA	he couses sta

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1	1.	FOR STATE REGISTRAR		DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 2	0	1 9 3
* & £		CEASED NAME FIRST	MIDE	LE	/ LAST O	20 DATE OF DEATH	MONTH DEE	1 18 28
ay be age 3 death		ArTA			LEWIS		1/17	18 MEM
me, p	3. SE	Male	4 RACE Blac	ale.	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST B	RTHDAY)	DATE HOUSE MIN
	7n D	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH		6 13 189	9 BALTIMORE CITY	YRS.	FATU
1 1 2 2		COUNTRY)	TI C	AT COUNTRY?	MARRIED NEVER MARRIED			
5	7 40	rginia.	U. S.	A DITAL NURSING	WIDOWED \(VIDOWED CONTROL CONTROL	Baltimor		Maryland MD. b. KIND OF BUSINESS OR
s after by the filed wi	-	ltimore	(IF NOT IN SUCH FA	CILITY, GIVE STREET A		TYPE OF WORK FOR MOST	OF WORKING LIFE) IN	busingAfro merican
rthin 24 hau ithin 24 hau 2 shauld be iner must be	13a :	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUNTY 15b. COUNTY 15b	VTY 130	RESIDENCE BEFORE CITY OR TOWN CITY OR TOWN LAST	13d. INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN I	Baltimor	3300 Li	berty Hghts
MAR mplet		Lazārus	MIDDLE	Lewis	Sarah	WIDDLE	Fi	tzgerald
BALTIMORE, cate be executivated by spers. Pages 1 appers. Pages 1 t, the medical			E WAR OR DATEST	SOCIAL SECUR			ESS 21215	Hghts. Av. 3300Liber
attim reison di.		IN O				am A. L. L	emis pi.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ORDS, 201 W. PRESTON ST requires that the death certien signed by the attending p. 1. Then please remave carban or to burial, cremation, or resty injury, an ather traumatic ev	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (SAME)	(b)	S A CONSE UP	CARCINO		NDITION GIVEN IN	PART 1(01
TAL RECO	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITIO	N FOR WHICH O	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH? NO
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir ther this certificate has been signs as the burial-transit permit. Then th and Mental Hygiene prior to be orked or them 18 shows any injury		21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M.	MONTH DA	Y YEAR	JRRED (ENTER NATURE OF IN)		
DIVISION PHYS The after this to as the but If h and M. In and M.	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF LAT HOME, STREET	INJURY FACTORY, OFFICE, FA	RM, INC. 211 LOCATION STREET	CITY ONT	OWN G	OUNDY STATE
a de a de		220.1 certify that (I) (this hospi saw the deceased give on above, M (we) (did) (did no			and that in (My) (our) opinion	on death occurred on the	, 19_	from the courses stated
AL OR ATTEN the hospital AL DIRECTOR. detached for us se Dept. of He T: If them 21 is		22b. SIGNATURE	1. list.	er deorn.	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF _	1/14/82
TO HOSPITAL OF TO HOSPITAL OF FEBRAL ES Should be detail with the State ELIMPORTANT: If		MARCOS L	ni /	icia d	r. M.D. North C	Harles G	EN. Ho.	50.
Of Short		BURIAL, CREMATION, REMOVAL			AME OF CEMETERY OR CREMATOR	23d. LOCATION CITY OR TOWN	COU	NTY STATE
BP		Burial	1/19/82	Art	outus Mem. Par		re Coun	ly y y lar
DHMH: 16 30M 2/80		UNERAL DIRECTOR PACTIME		ADDRESS	TIDIOITING DICIO	ATE REC'D. BY REGISTRA		and little
(VRA 15, 4)	HEI	LBERT E. NUTTER FYI	VERAL HOME	3035 W.	NORTH AVE JA	N 18 1982 4	Buncas &	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DATE KNOWN
OF ESTI-. DECEASED NAME MONTH DAY 7b HOUR TYPE OR PRINT) Harold Lewis 1982 TER DEATH. IF ANY DELAY IS NECESSARY, PLEASE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. OWN PM 3. RETAIN PAGE 5 FOR YOUR FILES. SS 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS. IN OF WIAL RECORDS, 201 W. PRESTON STREET, 4. RACE 5. DATE OF BIRTH 3. SEX 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 24. DATE 2d. HOUR MONTH LAST BIRTHDAY) PRONOUNCED 1.82 6:5, 38 male black 9 DEAD 70. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH AW MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore Maryland U.S.A. WIDOWED DIVORCED II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY blk Borgers Baltimore USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 13b COUNTY Baltimore 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Franklintown Road 902 YES K 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION OF WITH MIDDLE J. Lewis MIDOLE FIRST George Lewis Margaret PAGES 1 AN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) Margaret Lewis-4223 Ivanhoe Ave. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). F MEDICAL EXAMINER ALONG WED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DIL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute ethanol intoxication DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED 19g. DATE OF OPERATION 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE ADDRESS EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HI BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES ... NO 71a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my apinian death resulted fram Hamicide Undetermined manner Natural causes Accident TITLE (SPECIFY) **ACTUAL** Assistantedical examiner SIGNATURE EXAMINER'S NAME 111 Penn Street, Balto, MD 21201 (TYPE OR PRINT) ADDRESS. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Balto. Md. 1-6-82 Mt. Auburn (Westport 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRA **DHMH-17** A. RICE FSPA "T"300 Eutaw Pl. (VR A15 ME (5) 15M 2/80

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			FOR STATE REGISTRAR			DEPARTA	NENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	0	tons for a	9 7
			CEASED NAME OR PRINT)	FIRST		MIDDLE	t	AST	2a. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
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3		3. SE	MALE	200	4 RACE WHI	TE	S. DATE C	31, DAY 1916	6. AGE (IN YEARS LAST BIF	YRS.	FUNDER I YEAR	HOURS MIN.
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j.	5	USU/ 13a. S	L RESIDENCE (IF NURS TATE MD.	13h COUN	OTHER INSTITUTION	130. CITY OR TOWN BALTIMOR	ADMISSION)		13e. STREET ADDRESS 1602 PAR	RK AVE.		
£	X	14 FA	JOSEPH	٨	AIDDLE	LEZON	4	15 MOTHER'S MAIDEN NAM CATHERINE	ME MIDDLE	A.	LA	ST
	1		'AS DECEASED EVER		AED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		
1		,,	YES	WW:		215-09-5	240	STANLEY J. L.	EZON 808 I	DARTMOU		
			Conditions, if ony, gave rise to imm couse (a), statin underlying cause	which mediate g the lost	DUE TO, O	Respirator R AS A CONSEQUE Congestive R AS A CONSEQUE Severe Tr	ry Fa NCE OF NCE OF	ilure rt Failure; No Vessel Disease	,		2:30	er/l
	2	CERTIFICATION		Surni	ventri	cular Taci	nvcar		20a AUTOPSY?	20b. IF YES,	WERE FINDII	NGS USED
Ifem 18 sh	9		210 ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEA		FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	RT 1 OR PART 2)	
		MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	RE 🗀	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR TO	NMI	COUNTY	STATE
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_			22b. SIGNATUR	m	Vitas	ello J	. m.	ATTENDING PHYSICIAN [MEDICAL STAI DIRECTOR PHYSIC		1/21	SIGNED
MPORTANT:			John Vita	rello	, M. D.			c/o Maryland		ospita	1	
		(URIAL, CREMATION, BURIAL	REMOVAL	JAN. 2			THEDRAL CEM.	23d LOCATION CITY OF TOWN BALTIMOR		COUNTY	MD . STATE
31			NERAL DIRECTOR	[EDEF	ELD HOM	E 6500 YO	RK RD	1 A 1	V 2 7 1982	25h REGISTR		Wathen

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	at Many Telegraph by				
		CATHERAL CITY	Jan . 25, 1862 - III.		12.44

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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2	0	1	1	1.	Q

		CERTIFICATE OF DE		REG. NO.		
I. DECEASED NAME FIRST	MIDDLE	LAST			ONTH DAY Y	EAR 26. HOUF
(TYPE OR PRINT)	seph	Liberto		4	1/11/	B2 //
3. SEX	4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHD		
Male	White	MONTH DAY	YEAR 6	85	YRS.	DAYS HOURS
Ta. BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8		9. BALTIMORE CITY OR		TH
COUNTRY) Marylend	USA	MARRIED NEVER M	ORCED	Baltimo	ore City	
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTI	ITUTION	120. USUAL OCCUPATION	12b. K	IND OF BUSINES
Beltimore	4604 Coleherne	Road		Deputy Sheri		cired Be
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 13 CITY OR TOW BALLIMO	N 136 INSIDE CIT	TY LIMITS?	13e. STREET ADDRESS 4604 Colhe	rne Road	21229
14. FATHER'S NAME	MIDDLE LAST		MAIDEN NAM	E		
Joseph	Libert	o Sr. Ros	FIRST SB	MIDDLE		De an
160 WAS DECEASED EVER IN U.S. A		IRITY NO. 17 INFORMAN	NT	ADDRESS		
(YES, NO OR UNKNOWN) (IF YES, G	(VE WAR OR DATES) 220-36-6	034 Mrs. S	arah Li	berto Same	as # 13	
Conditions, if any, which gave rise to immediate couse (0), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	,	me,			
gave rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT)	ENCE OF DEATH BUT NOT RELATED T	TO THE TERMIN	20a, AUTOPSY? 2	Ob. IF YES, WERE F	INDINGS USED
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DHMH-16 30M 2/80 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

P.A. ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS Meryland

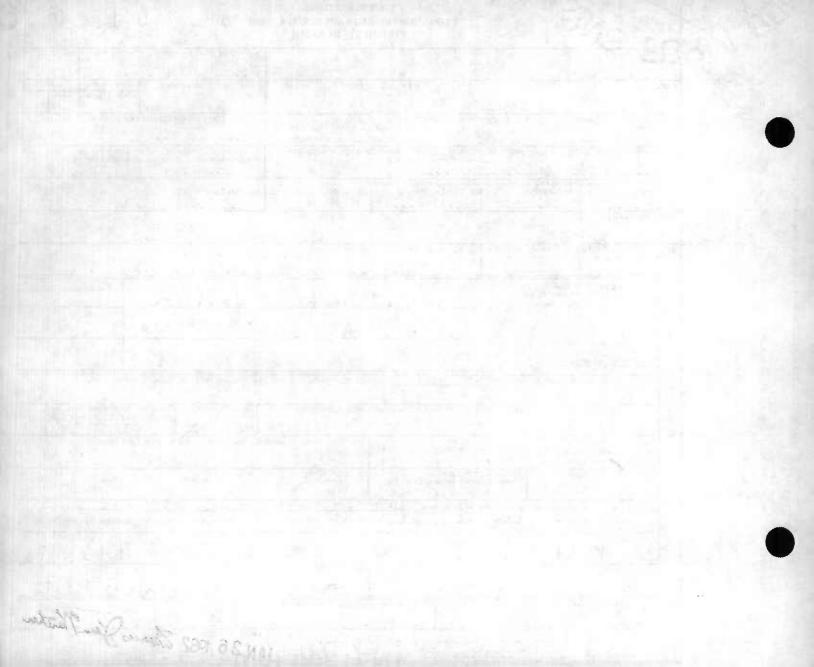
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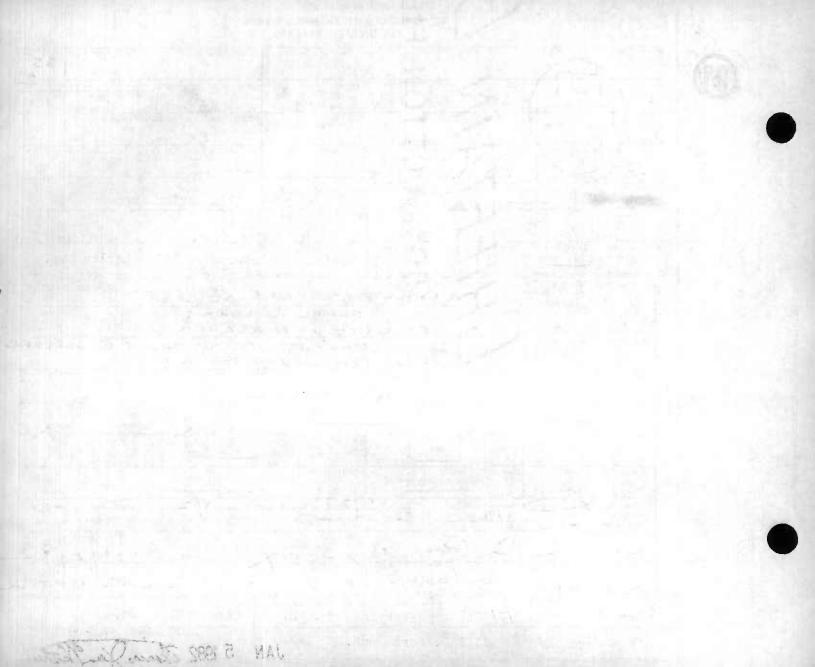
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STATE OF MARYLAND

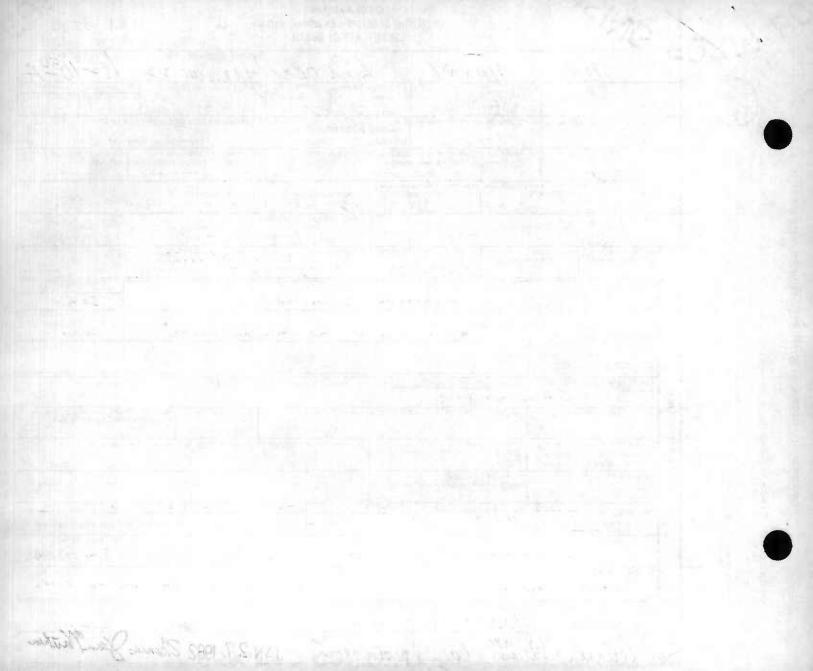
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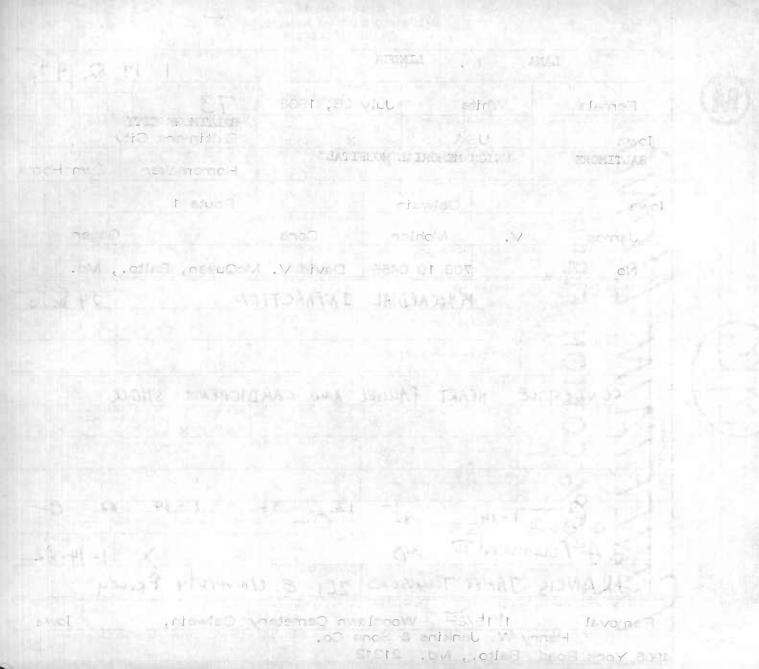


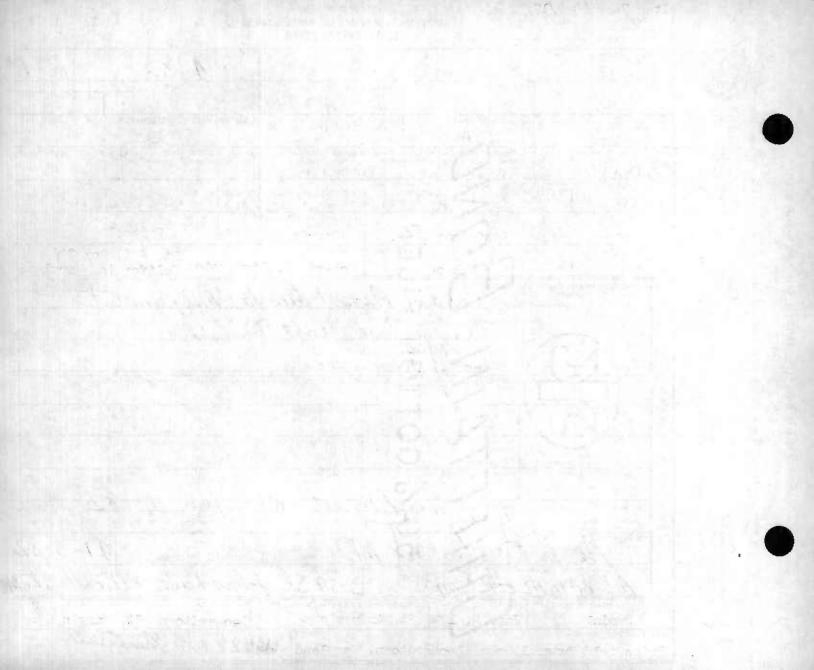


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	3 SE	x MALE	4 RACE WHIT	Е	S. DATE (AGE INVENTIALS A			UNDER 74 HR
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300	-	ATHER'S NAME FIRST ABRAHAM	MIDDLE	LINDEN	OTT	IS MOTHER'S MAIDEN NAME FIRST RACHE	ME MIDDLE		UNKNO	
or, the man	1	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES	219-52-4			S. GRACE R.		. MD	2123
removal		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one cause pe ED BY. ATE CAUSE (a)	r line for (a), (b), and		INFACE mal			BETWEEN ONS	
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hen please r to burial, ny injury,	NO	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIVE	N IN PART 1(a)	22
rgiene prior	CERTIFICATION	19a DATE OF OPERATION	198 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	280 AUTOPSY?		WERE FINDINGS	
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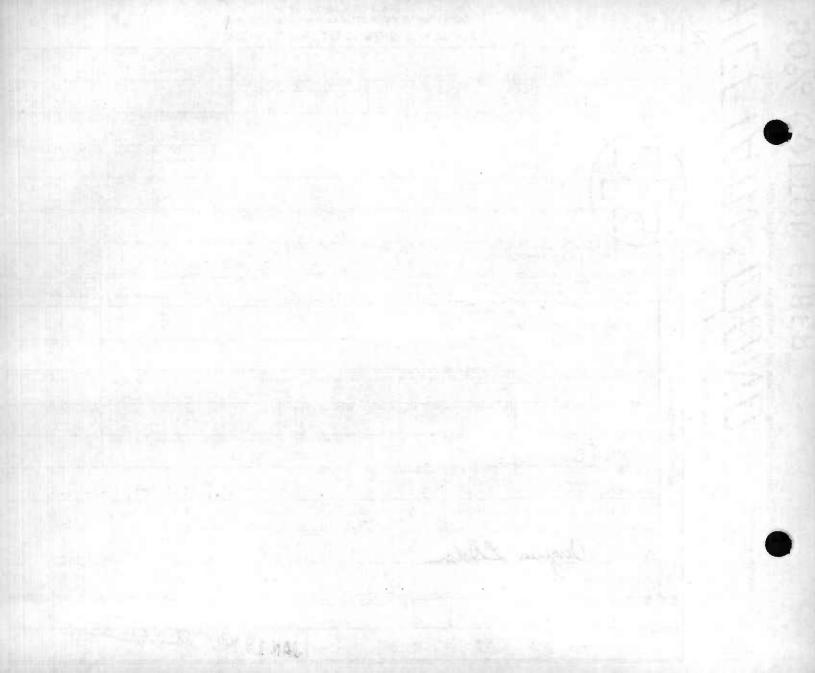
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MAR wed word on one of wed we were word one of well on	33		James	V.	Mohle	er	Cora	WIDDLE		Gager	
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ALT of both by sicion sicion of bers.			18 CAUSE OF DEATH (Enter	anly one cause p							NATE INTERVAL
ST., BALT rificate k physicia physicia emoval.			PART I. DEATH WAS CAL	SED BY: IATE CAUSE (a)_	MYOCAR	DIAL	INFARCT	10N		24	bours
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01 W. PRESTON 1. that the death or d by the attendin lease remove corb inal, cremotion, or			underlying cause last.	100000	OR AS A CONSEQUI	ENCE OF				TO THE REAL PROPERTY.	
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been sprior tr	-	CERTIFICATION	190 DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDING	GS USED
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ON OF VITA HYSICIAN: TI ding physicia is certificate burial-transit Mental Hygi	9		OR CONTRIBUTING CAUSE OF	DEATH	A.M. MONTH D						
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DHMH-16 30M 2/80 (VRA 15, 4)					Jenkins &			ATE REC'D. BY REGISTRAR	ZSB. REGISTRA	ar's signatu	KE
(-40, 19, 1)		490	5 York Road	Balto	o., Md.	2121	2	AN 1 0 1000	179		





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME TO DATE KNOWNXX MONTH 2b. HOUI (TYPE OR PRINT) ESTI-Christopher Livingston DEATH MATED 18 19 82 4. RACE S DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED 4:15P 25 Male 78 Black 3 DEAD 18 19 82 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY USA DIVORCED Baltimore City MD TO THE FUR ID. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) AND 3 TO THE RETAIN PA SHOULD BE F PECORDS, 2 Baltimore University Hospital USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONA 13b COUNTY Baltimore 13d. INSIDE CITY LIMITS? 13. SIREEL ADDRESS N. Carrollton Ave. MD YES X 4 HOURS APT.
THEM 1B. GIVE PAGE.
TO WITH FORM PM 3.
TO WITH FORM PM 3.
TO WITH FORM PM 3.
TO WITH REPORTED SHOWN S 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Sharon Ballard Livingston Bernard 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES. NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) N/A Sharon Livingston 1155 Carrollton No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D. AL. CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Smoke & soot inhalation & Acute carbon monoxide intoxication IMMEDIATE CAUSE (o)_ DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id CERTIFICATION USED / 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 2) 201 PRIOR TO BURIAL, YES [] NO J 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXXX MONTH DAY 3:15 M. 18 UNDERLYING TOOR CONTRIBUTING CAUSE OF DEATH 1819 82 House fire 21e PLACE OF INJURY THE LOCATION 71d INJURY OCCURRED (AT HOME house STATE AT WORK AT WORK Carrollton Ave. Md the charge of the remains described above, held an 22a. I certify that I Autopsy and in my opinian death resulted from Undetermined monner TITLE (SPECIFY) ACTUAL Deputy ChiefEDICAL EXAMINER DATE 1/19/82 **SIGNATURE** EXAMINER'S NAME Thomas D. III Penn St. Baito. MD. (TYPE OR PRINT) ADDRES: 23g BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 1/23/82 Cedar Hill Cem Baltimore MD 24 FUNERAL DIRECTOR **DHMH-17** 1101 E. North Ave. C. March F/H (VR A15 ME (5)) 15M 2/80

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Anatomy Board

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MIDDLE

Funk Long 607 E. 37th St APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH musule. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinian death accurred an the date and haur and from the causes stated 22c. DATE SIGNED STATE Parkwood Burial Parkville Balto 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 4905 York Rd NAME Jenkins & Sons

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

MONTH

YEAR

DATS

IF UNDER 1 YEAR

INDUSTRY

7h HOUR

126. KIND OF BUSINESS OR

Own Home

20. DATE OF DEATH

DHMH-16 30M 2/B0 (VRA 15, 4)

- STATE

REGISTRAR

FIRST

DECEASED NAME

men aw to replace med - to be desired warms and the lawest size and the second of the Land of the second The day a the sec . Director The state of the s IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

FOR - STATE

STATE	OF MARYLAND
EDADTMENT OF HE	ALTH AND MENTAL

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		REGISTRAR		CEKIII	ICATE OF DEATH	REG. N	10.		
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
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	3. SE)		4 RACE		ØF/BIRTH	6. AGE (IN YEARS LAST BIT		IF UNDER 1 YEAR	IF UNDER 24 HRS
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-	7a. BII	RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
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01	10 CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS OR
Š		BALTIMORE	UNIVERSI	TYH	OSPITAL	LABORE!	R	BETH	STEEL
1	USUA 130. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	112- STREET ADDRESS			
2		RYLAND	BALT IN	ORE	YES A NO	5731 STM	WONDS	AVE 2	21215
	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA				
8		ROBERT	Long LONG	A	NANCY	MIDDLE		CROWLI	EY
		(AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECTIONS WAR OR DATES!	URITY NO.	17. INFORMANT	ADDR	ESS		
	(4	NO NO OK DINKNOWN)	ve war or Dates) 217-14.	-2775	Johnny Lor	ng/5731 S:	immon	ds Ave	2121
		18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), or	nd (c)				APPROXIII BETWEEN O	MATE INTERVAL
ì		PART I. DEATH WAS CAUSE	ED 8Y: TE CAUSE (o)	(andis	on la maran	Amest		30m	in
		4275	DUE TO, OR AS A CONSEQU	IENICE OF	1			. /-	
	10	Conditions, if ony, which	(1b)	n	rassive homos	fycis		Cutt	Nurve
	51	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	IENICE OF					
		underlying cause last.	(6)	LINCEOF					
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVI	EN IN PART 100	1
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	RTIF					YES NO	YES		NO [
		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	ART T OR PART 2}	
	CAL	LIFEITHER, NOTIFY MEDICAL EXAMINER	Ain I	19					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE.	FARM FIC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
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			utal) attended the deceased from_	0.	19 8 2	- to 1/15/	85	19, t	hat (I) (we) last
	133	sow the deceased alive an above, (I) (we) (did) (did no	ot) view the body after death.	85,01	nd'that in (my) (our) opinion	death occurred on the d	ate and hour	ond from the c	couses stated
1		226. SIGNATURE	.1.111	20	DEGREE		/	22c. DATE S	SIGNED
4		Fore	it A Dit	ter	ATTENDING PHYSICIAN [MEDICAL STA		1//	5/82
		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS		, .	10	
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. Zeiler & Son Inc. 6224 Eastern Avenue

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

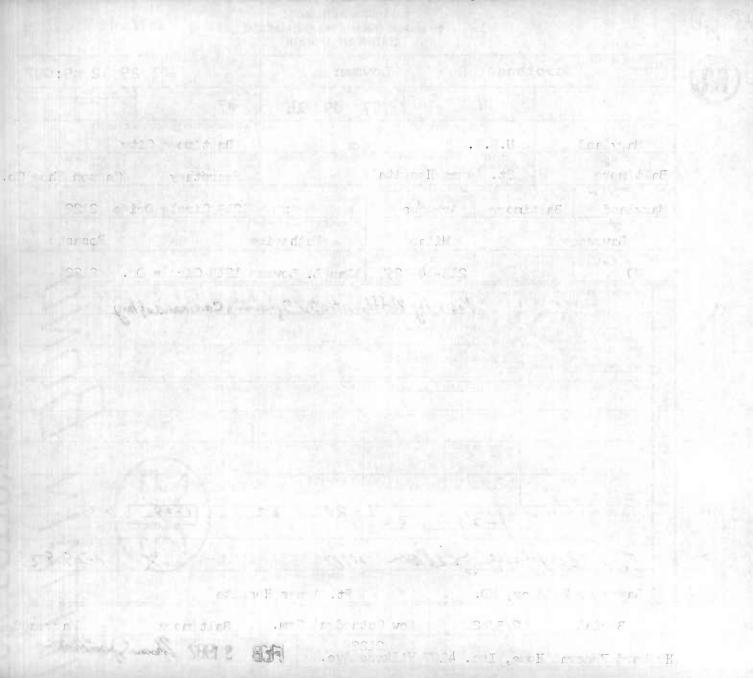
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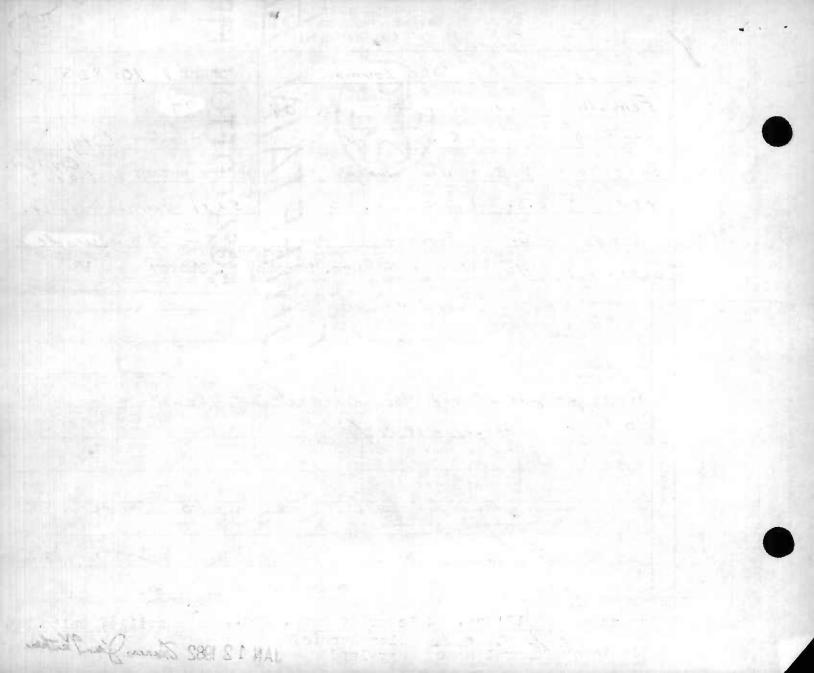
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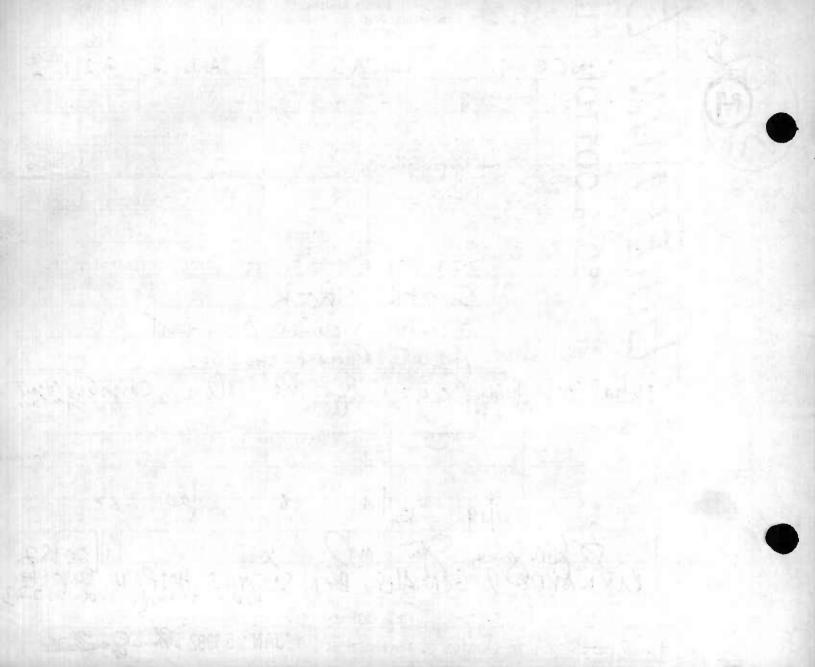
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	RE THIS CERTIFICATE SHOULD TE, WRITING THE WORD "PER DRWARDED TO THE CHIEF M RE PAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEA DO, 21201 PRIOPALO	l	22h Lenitil	w short I some choice	e of the remains de	scribed abo	ve held all	Autops	y X. In	spection	Inquiry		and in my or	ninine.	
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4	ME BUEZ		death results	ed trophe planty	couses .	ccident	L. // Sui	cide 🔲	, Homicide	LA Und	determined n	nonner	,		
	EXA CERT DIED E DIRE WARN		ACTUAL	1 11	V	14	1	-	TITLE (SPEC				DATE		
	AHOAF"		SIGNATURE	1 11	MARK	1.11	an_	M	Deputy	Chiefm	EDICAL EXA	MINER	SIGNE	D 1/19/	/82
	SE S	7	Action to the second	10	.,		A								
	#5#5#5#	1	EXAMINER'S (TYPE OR PRI)	NAME Thoma	as D. Smi	th, M	.D.		ADDRESS	III Pen	n St.	Bal	to.,	Md.	
	TO MEDICAL EXECUTE THE CE PAGE 4 SHOUL TO FUNEAL D AFTER DEATH, V BALTIMORE, MV	720 D		TION, REMOVAL 2					R CREMATORY		LOCATION				
0			PECIFY)	- 0	01/22/82		RBUTUS		MORIAI		RBUTT	TC D	BALTO	MARY	STATE
1/11	BP		Bur	and Charles	17/22/00	AI	TDOTOS	- IVI Cal							UMIND
000	DHMH - 17		JNERAL DIREC		THE TOWNDOOR	47.07	THERE	TTO		DATE REC'D.	BY REGISTR	- 4	()	SIGNATURE	d.
	(VR A15 ME (5))	WIA	RSHAL!	L W JON	ES, JR.	4101	EDMO	NDSO	N AV	JAN 2	1 198	2 /m	ness	an/la	then
	15M 2/80									11211	- 1 170	15,700			

-	1 0	REGISTRAR CEASED NAME FIRS	,	MIDDLE	CERTIFICAT	UF DEA		REG. N			
A)		E OR PRINT)	rothea	R	Lowman	1	20	DATE OF DEATH	01 2	9 82	26 HOUR 9:00
	3. SE	×	4 RACE		5. DATE OF BIRT		YEAR 6.	AGE (IN YEARS LAST BIR	YRS.	IF UNDER 1 YEAR	HOURS
-81	Tu. B	IRTHPLACE (STATE OR FOREIGH		WHAT COUNTRY?	MARRIED .	IEVER MARK	RIED 7	BALTIMORE CITY C			
47	10.0	Maryland ITY OR TOWN OF DEATH	U.S.A	HOSPITAL, NURSIN	WIDOWED X	DIVOR		Baltimo		V.	OF BUSINES
40	Ba	altimore	St. A	Agnes Hos	pital	EK II VSTITOT		Secretar	OF WORKING LIFE	E) INDUSTRY	
30	Ma Ma	aryland B	altimore	136. CITY OR TOW Arbutus	/N 13d In S YES		K	e STREET ADDRESS 1213 Circ	le Dri	ve 21	227
130	III.E.	ATHER'S NAME FIRST Lawrence	WIDDIE	Milan	15 M	FIRST	nden name	WIDDLE		Ros	asco
dico.	16a Y	WAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECU		ORMANT		ADDRI	ESS		
d		NO	es, one war or bales,	215-14-9	9297 Ala	n L.	Lowman	1213 Cir	cle Dr	. 21	227
, ar ather tra		Conditions, if only, while gove rise to immediate couse (a), stating the underlying couse los	DUE TO, O the (b) DUE TO, O the (c) (c)	R AS A CONSEQUE	ENCE OF			al DISEASE OR CON			
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18 share, any injury, ar other traumatic	AL CERTIFICATION	Conditions, if only, while gove rise to immediate couse (a), stating the underlying couse loss part 2 OTHER SIGNIFICATION. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (CONTRIBUTING CAUSE (CONTRI	DUE TO, O the beet DUE TO, O TO DUE TO, O	OR AS A CONSEQUE ONTRIBUTING TO E	ENCE OF ENCE OF OPERATION WAS AY YEAR 21c. H	ELATED TO T	THE TERMINA	al disease or con	DITION GIVE 20b. IF YES, IN CERTIFY YES	EN IN PART I	ia
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	FOR - STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MI CERTIFICATE OF DE		REG. NO.	
	CEASED NAME FIRST	ENT.	LUCA-S	2a. DAT	JAN. 20	182 65
3. SE	X	4. RACE	5. DATE OF BIRTH		(IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER
(1)	Male	Black	7 19	03 78	3 YRS	MONTHS DAYS HOURS
7a. 8	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	243 8	9 RAIT	MORE CITY OR COUNT	Y OF DEATH
OP	uerto Rico	U.S.A.	MARRIED X NEVER MA	RCED	Baltimor	e City
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTIT		JAL OCCUPATION	126. KIND OF BUSINE
4	Baltimore	BON SECOUR		(TYPE OF	WORK FOR MOST OF WORKING L	IFE) INDUSTRY
USU	IAL RESIDENCE (IE NURS NO HOME	TOTAL R INSULUTION GIVE RESIDENCE BE	FORE ADMISSION)			
130	STATE MD	Baltin			EET ADDRESS	ngton Street
14. F	ATHER'S NAME	120101	15. MOTHER'S A		LOTO N. IKAI	ngcon bereet
00	FIRST	MIDDLE LAST	FII		MIDDLE	LAST
e 160	unkn Was deceased ever in u.s. Al	RMED FORCES? 166 SOCIAL SE		eresa	ADDRESS	_
		1VE WAR OR DATES) 213-14-		E. Lucas	1810 W T	exington St.
				D. Ducus	1010 11. 1	APPROXIMATE INTER
	PART I. DEATH WAS CAUS		Time Star	rl		BETWEEN ONSET AND
14.5	IMMEDIA	ATE CAUSE (o)	TIC SKIL			
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3	Conditions, if ony, which gove rise to immediate	(b) (b)	ar ovas ca	100	yanu	
	couse (o), stating the underlying couse lost.	DUE TO, OR AS CONSEC	DUBOCE OF DOMOS	D Puil	2.180	
	The Children Manager and Artist Assessment of the	(c) /(CC)		7		
Z	Minal Inc	a War: 100	O DEATH BUT NO RELATED T	TO ON AL US	EAR OR CONDITION C	man line of
H ₹	THE DATE OF OPERATION	CONDITION FOR WHI	ICH OPERATION WAS PERFOR	AED 200 A	UTOPSY? 206. IF YE	S, WERE FINDING USED
9 0	M. Carlotte		O			
ERTIFIE				VECI		IFYING CAUSES OF DEAT
ERTIFI	71g. ACCIDENT WAS UNDERLYING	216, TIME OF INJURY	21c. HOW INJU	YES [] NO] Y	IFYING CAUSES OF DEAT ES NO
AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR			IFYING CAUSES OF DEAT ES NO
	OR CONTRIBUTING CAUSE OF DE	FATH HOUR A.M. MONTH ER) P.M.	DAY YEAR	RY OCCURRED (ENT] NO] Y	IFYING CAUSES OF DEAT ES NO
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-6	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	PATH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFH	DAY YEAR 19 21f. LOCATION STREET	RY OCCURRED (ENT	NO Y FER NATURE OF INJURY IN ITEM 18 CITY OR TOWN	IFYING CAUSES OF DEAT ES NO PART I ORPART 2) COUNTY SI
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WEDICAL	OR CONTRIBUTING CAUSE OF DE (IE ELTHER NOTIFY MEDICAL EXAMINATION COURRED) WHILE NOT WHILE AT WORK 270. I certify that (I) (this hasp sow the deceased alive a above, (I) (X) (I) (II) (III) THE STORAGLER BURIAL, CREMATION, REMOVA	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFR 15 1011 view the body after death.	DAY YEAR 19 21f. LOCATION STREET DEGREE AT PH	RY OCCURRED (ENT 19, to ur) opinion death accurate the second secon	NO Y FRINATURE OF INJURY IN ITEM 18 CITY OR TOWN Urred on the dote and ha	IFYING CAUSES OF DEAT ES NO PART 1 OR PART 2) COUNTY ST 19 Into (1) (wor and from the couses sto 72c. DATE SIGNED 1 20
WEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 270. I certify that (I) (this hasp sow the deceased alive a above, (I) (M) (did) (did n 22h. 51ch at 1 kg	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFR 15 1011 view the body after death.	DAY YEAR 19 21f. LOCATION STREET DEGREE AT PH 22e ADDRESS 22e ADDRESS	RY OCCURRED (ENT 19 7, 10 ur) opinion death accurate of the control of the cont	CITY OR TOWN CITY OR TOWN Urred on the dote and had STAFF OR PHYSICIAN	IFYING CAUSES OF DEAT ES NO PART I OR PART 2) COUNTY ST 19 , that (1) (word ond from the couses sto 27c. DATE SIGNED COUNTY COUNTY



by the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

MONTH

01

0	20	

YEAR

82

IF UNDER I YEAR

	1	REGISTRAR			
-		1. DECEASED NAME	FIRST	111	WIDDLE
(m.m	1	(STE ON PRINT)	MARTI	N	C.
(141	1	3 SEX	4.	RACE	
-		MALE	113	WH	ITE
8 95	8	TO BIRTHPLACE (STATE	OR FOREIGN 71	CITIZEN	OF WHAT COUNTRY?
oth 72	555	MARVIAN	D	II	SA

5. DATE OF BIRTH MONTH 10 18

WIDOWED

LUDWIG

05

SR.

DIVORCED

AGE (IN YEARS LAST BIRTHDAY) 76

20. DATE OF DEATH

24

9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED

BALTIMORE CITY 120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE)

MIDDLE

12h KIND OF BUSINESS OR INDUSTRY BRUSH FACTORY

7h HOUR

10:24P

BALTIMORE BON SECOURS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE

13r. CITY OR TOWN BALTIMORE

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13d. INSIDE CITY LIMITS? YES K NO [15. MOTHER'S MAIDEN NAME

13e. STREET ADDRESS

SUPERVISOR

452 S. BENTALOU STREET, 21223

MARYLAND 14 FATHER'S NAME

NO

CERTIFICATION

MIDDLE

LUDWIG

MARGARET

SAHLENDER

ANTHONY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR UNKNOWN

10 CITY OR TOWN OF DEATH

LIE VES GIVE WAR OR DATES

16b SOCIAL SECURITY NO MARTIN C. LUDWIG, JR. 213-10-8725

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

17 INFORMANT

ARREST

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

452 S. BENTALOU ST.

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID Conditions, if ony, which gave rise to immediate cause (a), stating the

18 CAUSE OF DEATH (Enter only one cause per

ARDIAC AS A CONSEQUENCE OF ARRHYTHMIAS -ARDIAC

DUE TO, OR AS A CONSEQUENCE OF

ATHEROSCIE ROTIC CARDIOVASCULAR QUELSE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PARKINSON'S DISCASE

hrobic Ce.	
DATE OF OPERATION	196 CONDITION FOR WH

OPERATION WAS PERFORMED

20a AUTOPSY?

NOG

20b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? NO F

71g. ACCIDENT WAS UNDERLYING. 216 TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 10 21d. INJURY OCCURRED 21e PLACE OF INJURY

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) YEAR

211. LOCATION STREET

STATE

220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on Oc. T. 30 above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE

NOT WHILE

DEGREE

ADRIL

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

resen 1

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED

-25-8

22d. PHYSICIAN SNAME NORBERTO M. MACHIRAN, M.D. 22e ADDRESS

4713 LEEDS AVENUE; ARBUTUS, MD. 21227

23d LOCATION

230 BURIAL CREMATION, REMOVAL 73b DATE 01 - 28 - 82 23c. NAME OF CEMETERY OR CREMATORY LOUDON PARK

CITY OR TOWN BALTIMORE CITY

MARYLAND

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

ld b

BURIAL

AT HOME, STREET, FACTORY, OFFICE FARM ETC)

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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			ESC PAY		
Tall Core			STEPLAN STAN		

FOR - STATE

REGISTRAR

Lupton Randallstown, Md. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE _, that (I) (we) lost and that in (my) (our) opinion death occurred an the date and hour and from the causes stated 22c. DATE SIGNED HOSPITAL OF BALTIMORE Albemarle Burial Jan.30.1982 Monticello Memorial 000 BP 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 Elime Funeral Home Reisterstown, Md. 21136 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

26 HOUR

82 IF UNDER LYEAR

12b. KIND OF BUSINESS

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gra		4.10	.nF Scormood
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. Insten Instantintendent.	Facilities. Backen	1 1 1 2 1	0.0
	and mapping to	-prog_Times	
1000			E 411
HOSPIECE SHITIMANS	(may)		4.5

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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LEROY O. DYETT 4600 LIBERTY HEIGHTS AVE.

PRESTON ST.

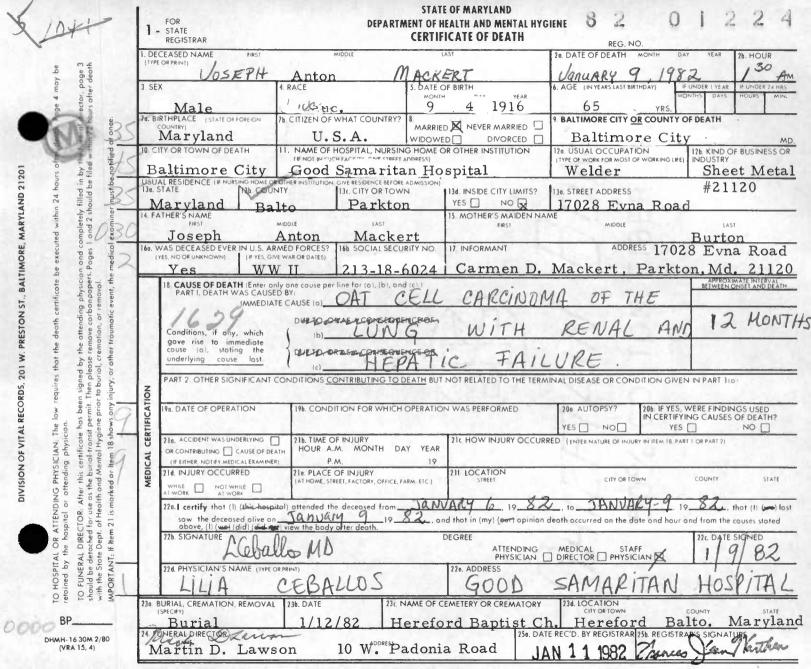
DIVISION OF VITAL RECORDS.

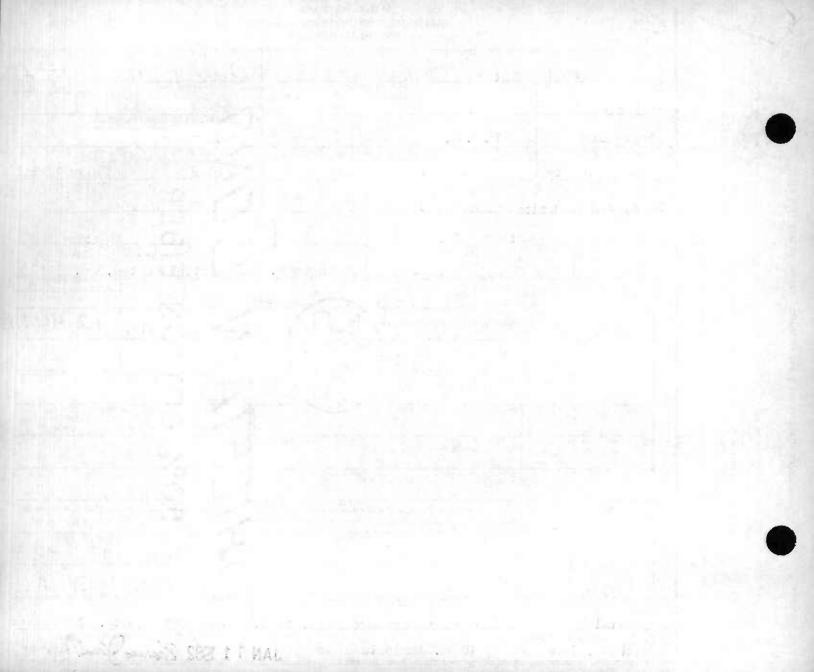
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Let a constant and a later emontal di . A.E.U . of Let eman desudor eromitanes Steel worker Estr. Steel 0778 100 - 1/2 steet, 22 ste 212-09-5343 Are, Mile souldwest, some enrial 11/0/82 start. Start 18 teins Soring onemal forme, 263 s. contains se, 16N 7 1922 3

5	1.	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.									
28436	(17	CEASED NAME PE OR PRINT)	John		WIDDLE		Mack		DEATH M.	STI-	30 1982	26 HOUR	
DIRECT PORT ON STR	3. SE		RACE Black	5. DATE OF BIRTH	YEAR L	GE (IN YEARS IF AST BIRTHDAY) MO 72 YRS.	UNDER 1 YR.	HOURS MIN.	PRONOUNCE DEAD	D	30 1982	9:30	
NECESSARY FUNERAL DIS 5 FOR YOU W. PRESTON	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)			76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY 10 NORCED Baltimore City									
F ANY DELAY IS NEG AND 3TO THE FUN SHOULD BE FILED W RECORDS, 201 W. P		Baltimo	re	(IF NOT IN SUCH FA	CILITY, GIVE STREET	address)		F	USUAL OCCUPAT OR MOST OF WORKING Shpping	ION (TYPE OF WOR	OR INDUST		
Z1201 F ANY D AND 3 RETAIN HOULD	USU.	AL RESIDENCE (IF STATE Md.	13b. COUN	DR OTHER INSTITUTION, GE TY	13c. CITY OR Bal	RE ADMISSION)	13d. INSIDE C		TREET ADDRESS	arey St.			
	14. E	ATHER'S NAME FIRST Wende11	III E	MIDDLE	Mack LAST			er's maiden na lack -	ME	Bro	wn		
TTAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MI HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH, DRD "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1, CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 1 USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITA URIAL, CREMATION, OR REMOVAL.	160.	WAS DECEASED YES, NO, OR UNKNOW YES	N) (IF YES, GIVE	WED FORCES? WAR OR DATES)	OR DATES)						kwater Dr.		
	NO	Canditians, gave rise cause (a) st	IMMEDIA' , if any, which to immediate tating the under-	(b)	DUE TO, OR AS A CONSEQUENCE OF								
OF VITAL REF ATE SHOULD EWORD "PER THE CHIEF M ILD BE USED A MENT OF HEAD TO BURIAL, C	CERTIFICATION	19a. DATE OF C	CAUSE WAS	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR							20 AUTOPSY? YES PART 2)	NO XX	
DIVISION OF HIS CERTIFICATE WRITING THE W ARDED TO THE IGE 2 SHOULD INTE DEPARTIMEN (201 PRIOR TO 1	MEDICAL	UNDERLYING CONTRIBUTING 21d INJURY OC WHILE AT WORK	CURRED	DEATH P.M.	. MONTH DA DF INJURY (A' ORY, FARM, ETC.)	19	LOCATION STREET		CITY OR TOWN		COUNTY	STATE	
DIVISION OF VI TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO) PAGE 4 SHOULD BE FORWARDED TO THE COPINERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU			that I registrong	thomas D.	Accident _	, Suicide	TITLE (S	pecify) ty Chief	Inquiry Labertermined manner EDICAL EXAMINE ON ST.	ER SIGN	E NED 1/30/	82	
524048 —	(URIAL, CREMATIC SPECIFY) Burial UNERAL DIRECTO		36 DATE 2,-3-82	11 0	E OF CEMETERY	OR CREMATO	VA.	LOCATION LIYOR TOWN	ville	Md YTANG	ATE	
DHMH-17 (VR A15 ME (5)) 15M 2/80				& Sons I	701 Lau	rens St		FEB D	BY REGISTRAR 1982	251 EGISTRAPS	SIGNATOR	2	

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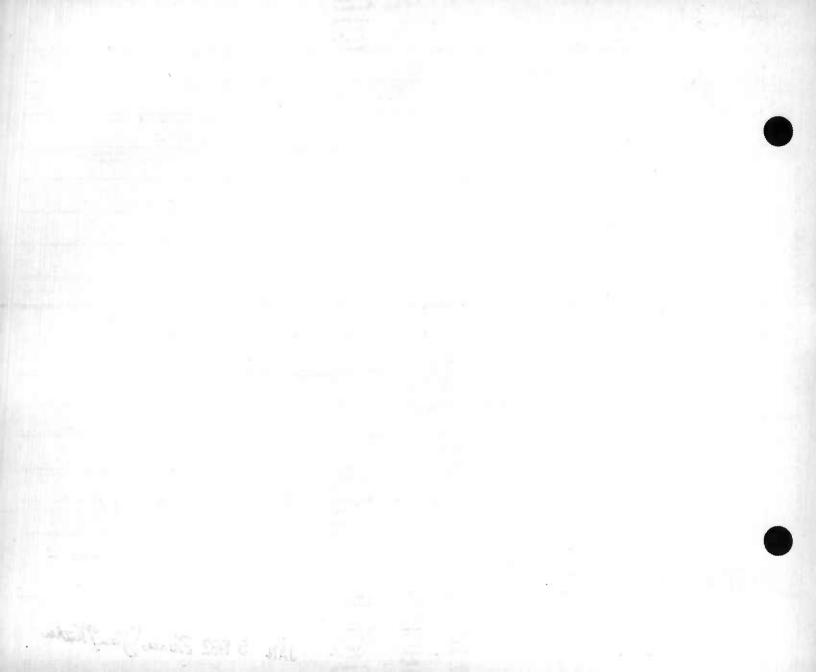
1630 Edmondson Avenue, Catonsville, Maryland 21229AN

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE

(VRA 15, 4)

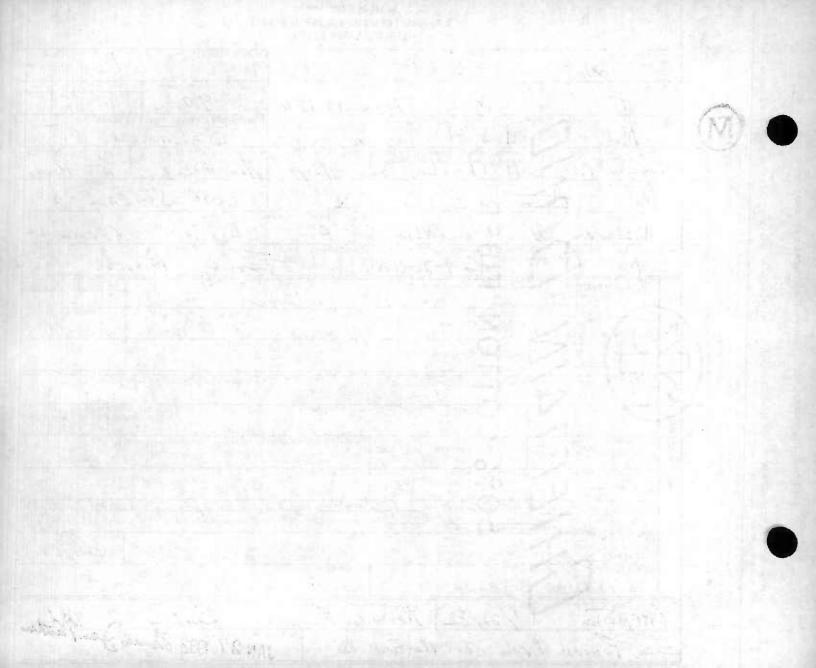
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15		1- STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. REG. NO.									
). DE	CEASED NAME FIRST	DORE PETER		6G10	T	20 DATE KNOWNXX OF ESTI- DEATH MATED	1-8-82			
RY, PIEA	3. SE		5. DATE OF BIRTH MONTH DAY YEA 7/29/16	6 AGE (IN Y	EARS IF UN	DER 1 YR. IF UNDER		MONTH DAY YEAR 124 HOUR 1-8-82 19 1:19 M			
NEGESSA FUNESEA 5 FOR W	70. B	RTHPLACE (STATE OR REIGN COUNTRY) Balto. Md.	U.S.A.	DUNTRY?	8. MARRI WIDOW		IED LA	OR COUNTY OF DEATH			
Y IS GEED TEED		TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, (IE NOT IN SUCH FACILITY, GI	timore	Stree		120 USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) R.R.Penn Cent	PE OF WORK 12b KIND OF BUSINESS OR INDUSTRY			
E. MD. 21201 SATH. IF ANY DELAY PM 31 RETAIN PA ND 2 SHOULD BE F VITAL RECORDS, 2	13a. S	AL RESIDENCE (IF IN NURSING HOME O TATE 136. COUN Md. Balto	ROTHER INSTITUTION, GIVE RESIDE TY 13c. C	ITY OR TOWN	NON)	13d INSIDE CITY LIMITS?	130. STREET ADDRESS 1020 E. Baltim	ore St.			
DRE, MD. DEATH. III GES 1, 2, 3, 4, 4, MD. AND 2 S OF YITAL	油	Theodore P. M	aggio	LAST		15. MOTHER'S MAID FIRST Angelin	a Cicero	LAST			
L., BALTIMORE, A URS AFTER DEATH B. GIVE PAGES 1 WITH FORM PAW IIT. PAGES 1 AND DIVISION OF VITA	16a. V	VAS DECEASED EVER IN Ú. S. ARA ES, NO, OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)	6/10/00		Peter Mag	gio Rt. 156 Sev				
201 W. PRESTON ST UTED WITHIN 24 HO UTED WITHIN 124 HO EXAMINER ALONG STAL TRANSIT PRAM OMENTAL HYGIENE ON, OR REMOVAL.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: UNMEDIATE CAUSE (o). Arteriosclerotic cardiovascular disease and Conditions, if any, which gave rise to immediate couse (a) stafting the underlying cause lost. (b) Seizure disorder DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).									
RECORDS. D BE EXECTENDING. ENDING. AS A BUI AS A BUI CREMATI	NO						IRT 1 (a).				
SHOULD OND "FE OF TO FE OF TO FE OF TO FE OF TO	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FO	OR WHICH OPE	RATION W	AS PERFORMED?		20 AUTOPSY?			
DIVISION OF VITAL RECORDS, THIS CERTIFICATE SHOULD BE EXEC. E. WRITING THE WORD "PENDING" RWARDED TO THE CHIEF MEDICAL F. PAGE 3 SHOULD BE USED AS A BUS F. STATE DEPARTMENT OF HEALTH AND F. 21201 PRIOR TO BURIAL, CREMATI		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		ITH DAY YEA	IR .		ED LENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)			
E A A A K	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU STREET, FACTORY, FAR			CATION	CITY OR TOWN	COUNTY STATE			
AL EXAMINER HE CERTIFICATION AL DIRECTOR TH, WITH THE CENTRAL DIRECTOR TH, WITH THE CENTRAL DIRECTOR CENTRAL	W.	22a. I certify that I took chorg death resulted fram: Natur ACTUAL SIGNATURE	e af the remains described of al causes XX . Accide		Autops	Homicide TITLE (SPECIFY) D. Assistan	Undetermined monner .	DATE 1-8-82			
TO MEDIC. EXECUTE 1 SPAGE 4 SH TO FUNER AFTER DEA BALTIMOR		EXAMINER'S NAME (TYPE OR PRINT)	garita A. Ko			ADDRESS 111 Pe					
030 BP		URIAL CREMATION, REMOVAL 2 Burial UNERAL DIRECTOR	1/11/82	3c name of ce H oly R e	de eme		23d LOCATION CITY OR TOWN Belair Rd. Ba REC'D. BY REGISTRAR [25b. REG				
DHMH-17 (VR A15 ME (5)) 15M 2/80	B	Moella Noce &	sons 322 S.	HIGH ST		13.0412	AN 1 1 1982 ZA	new You Thister			

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1630 Edmondson Avenue, Catonsville, Md. 21228

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(VRA 15, 4)

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W	1.	FOR STATE REGISTRAR			DEPARTI		CATE OF DI		REG. NO.		3 L	
		OR PRINT)	FIRST BERNAR		ORGE	MAK	ST A		20 DATE OF DEATH MONTH DAN 1.		26 HOUR 9:30A	
AN P	MĂĬ	E		WHITE		5. DATE O	BIRTH 3 ^{DAY}	24	6 AGE (IN YEARS LAST BIRTHDAY) FROM	FUNDER LYEAR FUNDER 24 HRS		
35	N	RTHPLACE (STATE OR FO		U.S.A		WIDOWE		ORCED	9 BALTIMORE CITY OR COUNTY C BALTIMORE CITY	FDEATH		
\$23E	BAI	TY OR TOWN OF DEA		VAMC, SUI	OSPITAL, NURSIN	N, BAI	TIMORE	MD.	120 USUAL OCCUPATION (1YPF OF WORK FOR MOST OF WORKING LIFE) RETIRED SGT.	12b. KIND OF INDUSTRY	ARMY	
BSM	IAI	L RESIDENCE IF NURSI	BALTI		131. CITY OR TOW	N	_	NO X	130. STREET ADDRESS DEMBRIGHT			
230		THER'S NAME FIRST MARTIN		IDDLE	MAKA		T	RST HERESA	MIDDLE	OCKI .		
Te medico	YE	(AS DECEASED EVER I		KOREAN	218 18		MARCE	LLA MA	ADDRESS KA 1305 Denbrigh		21228	
event, th	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)										HERE INTERVAL HINSET AND DEATH	
remotion, or remotion, or remotion		Conditions, if any, gove rise to imm couse (0), stoting underlying couse	ediote	DUE TO, OR AS A CONSEQUENCE OF REVAL FAILURE DUE TO, OR AS A CONSEQUENCE OF							2 years	
njury, or o	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART										CVIVS	
àu 9	CERTIFICATION	90 DATE OF OPERAT	ON	196 CONDI	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FIN IN CERTIFYING CAUS							
		21g. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATI	HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJ	URY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	[1 OR PART 2)		
orked or	MEDICAL	21d INJURY OCCURRE	E	21e PLACE (OF INJURY BET, FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	4	CITY OR TOWN	COUNTY	STATE	
r. of Heol	220.1 certify that (1) (this hospital) attended the deceased from Jan. 6 1982 to Jan. 15, 1982, that (1) (we) lost saw the deceased objects of Jan. 15 1982, and that in this (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did hat) view the body after death.											
NT: If Iter		226 SIGNATURE DEGREE M D ATTENDING MEDICAL STAFF PHYSICIAN'S NAME LITYEOR PRINTS 1226 ADDRESS									SIGNED S	
with the Stol		JoH	NA	1 - WO					VEN BLVD. BALTIMO	RE, MD	21218	
	15	DRIAL, CREMATION, R PECIFY) CREMAT	ION	23b DATE 1/18/	82 WI	ESTVIE	METERY OR CR	RIAL PA	ARK CATONSVILL	E MARX	STATE	
OM 1/B1	16	LEROY W. & 30 EDMONDS	RUSS ON AV	ELL C. ENUE CA	WITZKE F TONSVILL	UNERAL E MD.	HOMES 21228	JA	N 18 1982 Course	RIGNA	killen	

1101 E. North Ave.

FOR

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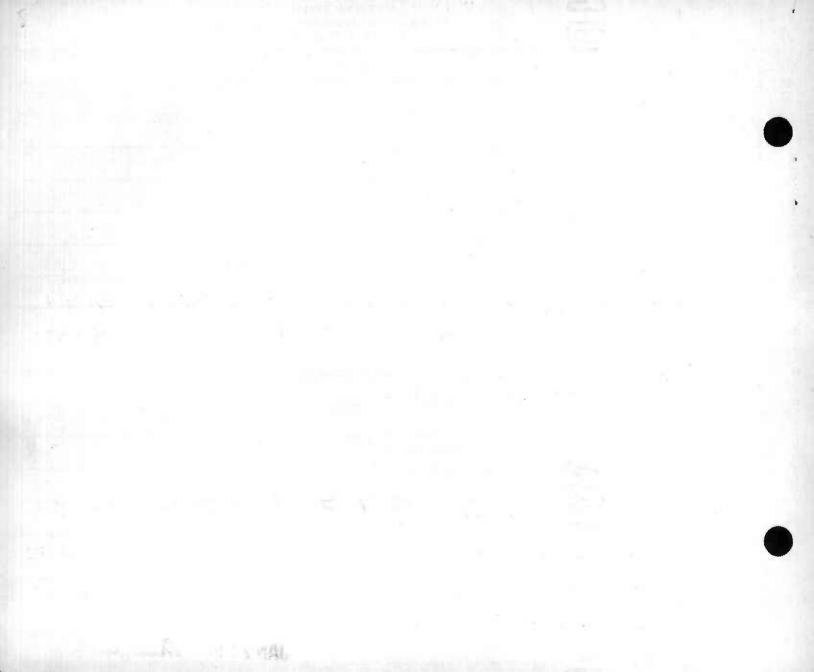
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C. March F/H

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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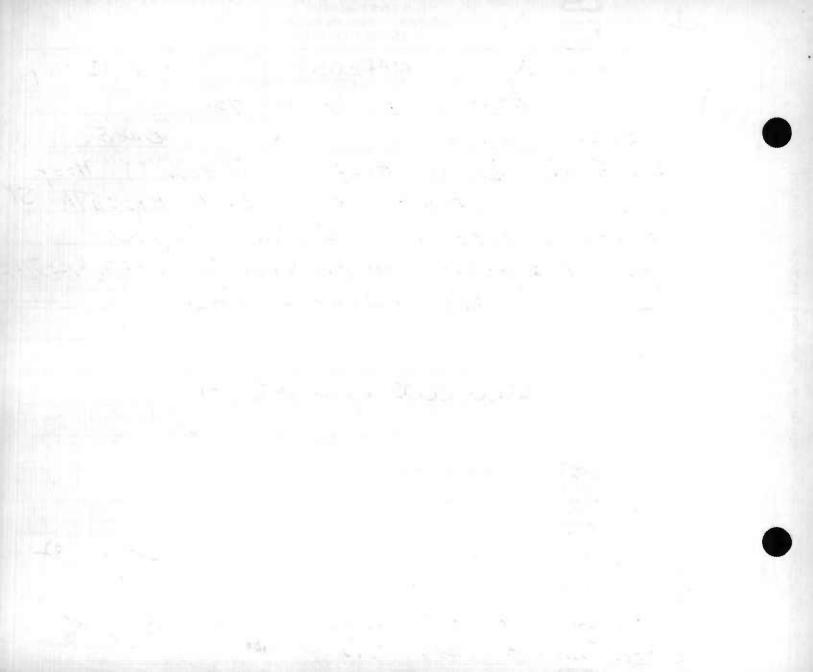
1 1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 0 2 2											
1-	STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.										
	CEASED NAME	FIRST		MIDDLE	LA	sf	20	DATE KNOV	VN IXI /	HINOM	DAY YEAR	7b. HO	
(0)	PE OR PRINT)	WALTE	ER	MA	LOY	D	1	28 1982					
3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN		ER 1 YR. IF UNDER		DATE	N	HTMON	DAY YEAR	24 110	
Г	nale	negro		1898 83	YRS.	DAYS HOURS	MIN. PR	DEAD		1	28 1982	4:3	
70. B	IRTHPLACE (STA	ATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIET	NEVER MARR	RIED X	BALTIMORE	ITY OR	COUNT	Y OF DEATH		
	Md		USA		WIDOWE			altimo	re C	itv	У м		
10. C	ITY OR TOWN C	OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION [16 NOT IN SUCH FACILITY, GIVE STREET ADDRESS] 706 Glenwood Ave.							WORK 1	12b. KIND OF BUSINESS OR INDUSTRY		
	Baltimor								E)	OK INDOSTRI			
USU,	AL RESIDENCE (IF IN NURSING HOME C	OR OTHER INSTITUTION, GI	13c. CITY OR TOWN	SSION)	Bd. INSIDE CITY LIMITS?	13e. STREET	ADDRESS					
	Md			Baltimore	e	YES NO		Glenwo	od A	venu	ie		
14. E.	ATHER'S NAME		MIDDLE	LAST	1	5. MOTHER'S MAIDI	EN NAME	WIDDLE			LAST		
J	Inknown			LASI		Unknown					CASI		
16a \	ES NO OR HARMON	EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECUR	RITY NO. 17				DRESS		41111		
	Yes	(* 720,0172	THE SECTION	220-09-524	44	Martha Goode 706 Glenwood Ave					enue		
	18. CAUSE OF	DEATH (Enter on	ly one cause per line	for (a), (b), and (c).)							APPROXIMA BETWEEN ONS	TE INTERVAL	
	PARTIDEATH WAS CAUSED BY: Congestive heart failure									4	OT WEET ON	ET MID DEM	
-	4280 (DUE TO, OR AS A CONSEQUENCE OF											-1-1	
	Conditions, if ony, which												
	gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF												
	lying couse last.												
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).												
NO													
13	19a. DATE OF	OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPS	(?	
CERTIFICATION											YES 🗆	NO X	
GE	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART HOUR A.M. MONTH DAY YEAR									- 423			
	UNDERLYING CONTRIBUTIN	OR IG CAUSE OF I			AK .								
MEDICAL	21d. INJURY O	CCURRED	21e PLACE	OF INJURY (AT HOME.	211 LOCA								
E	WHILE AT WORK	NOT WHILE	STREET, FAC	ORY, FARM, ETC.)	STRE	rt i	CI	TY OR TOWN		COUP	VITY	STATE	
	deoth resulted from: Natural causes XX, Accident , Suicide . Homicide . Undetermined monner .												
	ACTUAL	M	160	31		Accietar	n+			DATE	1-28-	.82	
2	5IGNATURE_	VIA	/	-	M.D.	Assistar	LLL_MEDICA	LEXAMINER		SIGNED	1-20-	02	
and the same	EXAMINER'S NAME Ann M. DIXON, M.D. ADDRESS 111 Penn St.												
23a.8	URIAL CREMAT	ION, REMOVAL 2	3b. DATE	23c. NAME OF C			123d. LOCA	TION					
1	Burial		2/3/82		eran Ce		Crov	vnsvill	e	COUNT	Md'	STATE	
	UNERAL DIRECT	FOR				750. DATE	REC'D. BY RE	GISTRAR 25	REGISTR	AR'S SK	GNAJURE		
Wi	lliam C	. March	F/H 1101	E. North A	venue	FEB	3 19		mu (10	Marth		

(VRA 15, 4)

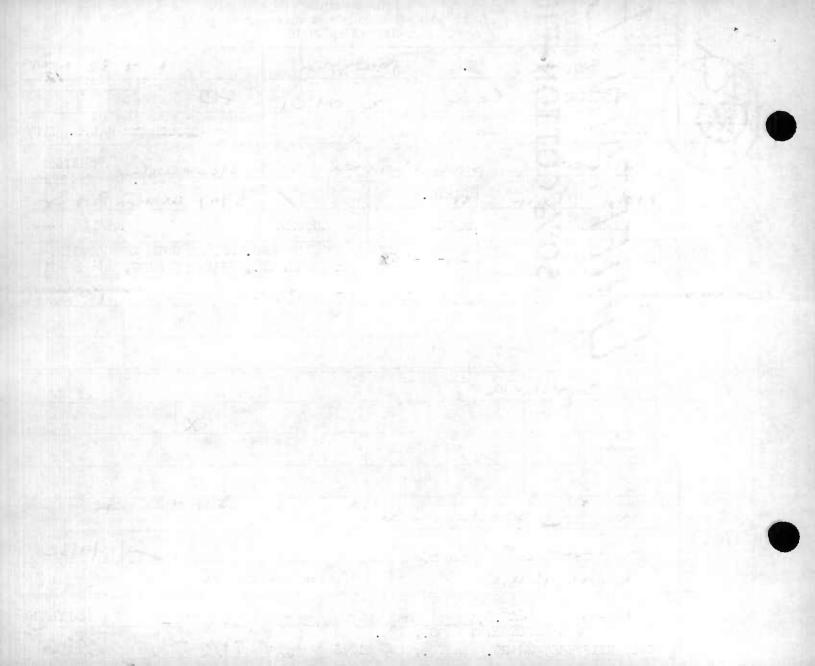
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH 2h HOUR (TYPE OR PRINT) 5:20 PM 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 81 9 BALTIMORE CITY OR COUNTY OF DEATH Raltimore City 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR BUGRY & E. Crane operator 132827 Harview Ave. MIDDLE DiSafa ADDRESS Virginia Guariglia 2827 Harview Ave. APPROXIMATE INTERVAL DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) , and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL DIRECTOR PHYSICIAN Burial Jan.19,1982 Moreland Mem. Park Maryland 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 Leonard J. Ruck, Inc. Baltimore, Maryland

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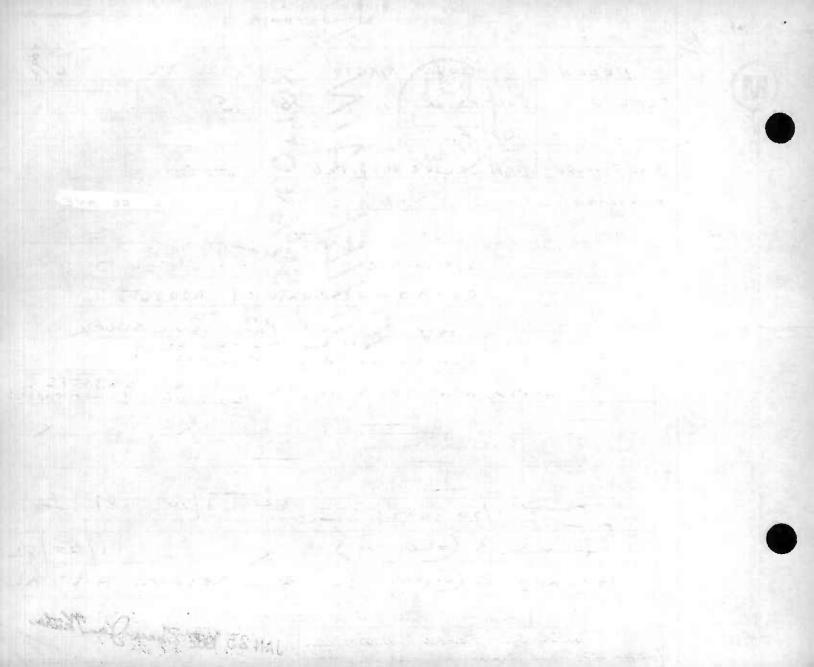
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2b HOUR (TYPE OR PRINTS 1-20-85 HELEN MARSH MAR DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) FEMALE CAUCASION 60 -- 00 TO BIRTHPLACE I STATE OR FOREIGN LOUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City WIDOWEDYY 10 CITY OR IUWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR RALTIMORE BON SECOUR HOSPITAL Homemaker OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Rockdale 3521 Abbie Place MARYLAND 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Thune Henry Waterman Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Mr. James E. Marsh (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-10-280 3216 Gorham Court, Baltimore, MD 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY CARDIO - RESPIRATORY ARREST DUE TO, OR AS A CONSEQUENCE OF HYPOTENSION EARDIOGENIC SHOCK Conditions, If any, which gave rise to immediate RENAL INSUFFICIENCY cause (a), stating the underlying couse lost CONGESTIVE HEART FAILURE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART OF SECOND FOR THE PART OF SECOND FO CERTIFICATION PARATHY COIDIC 190 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN STREET COUNTY STATE AT HOME, STREET FACTORY, OFFICE FARM ETC 1 NOT WHILE 22a.1 certify that this haspital attended the deceased from 19 8 2 land that in the Companion death accurred on the date and hour and from the causes stated saw the deceased alive an. above (we) that (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL
PHYSICIAN DIRECTOR should be de with the Stat IMPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS SECOURS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION DATE RECORD TRESIDAR CARRESTOR DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DE Burial 1/23/82 Druid Ridge Cemetery Loring Byers Funeral Directors, Inc. DHMH - 16 50M 1/81 (VRA 15. 4) 8728 Liberty Road Randallstown, Manyland 21133



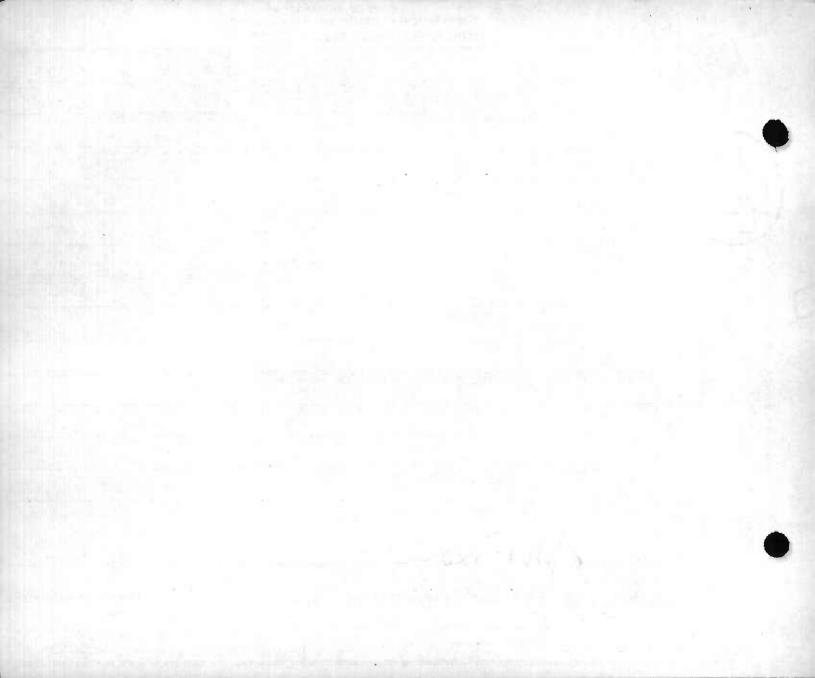
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3. 5	sex Ma	le BI	ack	5. DATE OF BIRTH	YEAR 30	6 AGE (IN YEAR LAST BIRTHDAY 51 YRS	S IF UN	DER 1 YR.	IF UNDER		2c. DATE PRONOUN DEAD	NCED	MONTH			2d HOUR
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20	В	al timore)	11. NAME OF HOSE (IF NOT IN SUCH FAC Un i ve	rsity	HOSD I	fal	er institut	TION		AL OCCU	PATION (1 RKING LIFE)	TYPE OF WOR	K 12b. K	OR INDUSTI	
S 139	STA STA	residence (# in in it	13b. COUN	ROTHER INSTITUTION, GIV	RESIDENCE E	efore admission of Jown	4)	13d. INSIDE (I Yes 🏡	ITY LIMITS?	13e. SIRE	ET ADDRE	lash	ingt	on	Blvd	
14.	FATH	FIRST		WIDDLE	Į.	AST		15. МОТНЕ В	R'S MAIDE IRST urde	EN NAME		AIDDLE			shal	
160	Yes.	S DECEASED EVE NO, OR UNKNOWN) S		MED FORCES?		AL SECURITY -24-4		Juan		Mars	shali	ADDRE		s a	bove	
NOTE OF THE OFFICE AND THE OFFICE AN		Conditions, if gave rise to cause (a) stoti lying cause lo	immediate ng the <u>under</u> st.	(b) DUE TO, OR A OUE TO, OR A (c) CONTRIBUTING TO DEATH 8	AS A CONS	SEQUENCE O	=	DR CONDITION	N GIVEN IN PAI	RT 1 (a).						
	I I	DATE OF OPE	RATION	19b. CONDIT	ON FOR V	HICH OPERA	TION W.	AS PERFOR	MED?					2D	AUTOPSY?	NO XI
		ONTRIBUTING	OR			DAY YEAR	21c. HC	W INJURY	OCCURRE	D LENTER N	IATURE OF IN.	IURY IN ITEM	18 PART I OR	PART 2)		110 CB
1000	MEDICAL N A	d. Injury occu VHILE DAT T WORK AT	T WHILE WORK	21e. PLACE O STREET, FACTO		(AT HOME.		TREET			CITY OR TO	WN	(COUNTY		STATE
2	A 5		ot I took chorg	e af the remoins desc	Accident	, Suic	М.	, Homic		Undete	Inquiry ermined mo	onner	ond in my], DAT SIGI	E	1-22-	82
230	a.BUR	YPE OR PRINT)	Mar	garita A. 36 DATE 1-26-82		AME OF CEM		R CREMATO		23d, LO	CATION	Stree vill		YTHUC	Mď	ATE
24	FUN	ERAL DIRECTOR		FSPA ADDRESS	1	100			25a. DATE F	REC'D. BY			GISTRAR'S	SIGNA		

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3	1	FOR STATE REGISTRAR		HEALTH AND MENTAL HYG FICATE OF DEATH	10.20	2 4 2
	1 0	ECEASED NAME FIRST	MIDDLE	LACT	REG. NO.	
A contract		E OR PRINT)	(C)	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
CENTAR I		motil	13 110 M	$n \cup n \cup n$	1 -	19054
医冠藻目 1	3. SE	X 4	RACE 5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 22 HRS
E-7008	17	2 . 2	Clock MON	DAY YEAR	AGE (IN TERROTAST DIKTIDAT)	MONTHS DATE HOURS MIN.
F/6 多 5	1-	UMYELL I	nuch	1.3-13	YRS.	
6 62 4	77°E	RTHPLACE STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8.		9 BALTIMORE CITY OR COUNTY	OF DEATH
書 皇に 雪/		COUNTRY		D NEVER MARRIED	BALTAO	1-1-1
8 55 36	1	U.C.C.		ED DIVORCED	1 1 1 1 1	LUL MD.
with the	10 C	ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	17b. KIND OF BUSINESS OR
by the fifted with	1 /	-01+11	2-0 20 1111	3 Horas	TYPE OF WORK FOR MOST BE WORKING LIP	EN INDUSTRY
2120 2120 lin b be fi	- MSC	AL RESIDENCE (IF NURSING HOME OF OT	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	July.	100 WILLIAM	
2 E D 2	1/2	/ 136 COUNTY		1 13d. INSIDE CITY LIMITS?	13 STREET ADDRESS	1
N 2 H	Y//	Aruland	DAITO.	YES NO	7/3 AV/11	reland ittill
thir thir iner	14 F	ATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	The process
MARYLAND red within 24 mpletely filler and 2 should		FIRST MID	DLE LAST	FIRST	MODLE	LAST
		TITULL	e (Aton	Lette	P. CGENOW	lunt
MORE, n and cc Pages 1		WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECURITY NO.	IT INFORMANT	ADDCESS	- 174
BALTIMOR cate be exected by spicion and appers. Pages vol.		YES, NO OR UNKNOWN) (IF YES, GIVE W	ARORDATES) 1774-1U-MAIZ	Chance (a single	marial/ selve	1005 1100010
ALTIN			0.0.0	WIS CONFINE	111/1XWEIT XXO W	· 124 New york
BA cote cote oppe oval.		18 CAUSE OF DEATH Enter only	one cause per line for (a), (b), and (c)	, , ,		APPROXIMATE INTERY BETWEEN ONSET AND I
T., ph		PART I. DEATH WAS CAUSED E		e of hea	+1 Friling	
		1-17 22	AUGE (U)			
ESTOI death ottend ove ca tian, a		0/03	DUE TO, OR AS A CONSEQUENCE OF	. 1 11.		
PRESTON he death or emove cark matian, ar		Conditions, if any, which	(b) Pulnin.	and Hepa L	The -	
	1	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF			
W of ot ot		underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	fen L'mil	Bleeting.	
201 se th sed th prica urral,						
RDS,	CERTIFICATION	PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 1(0
O v rior rior rior rior rior rior rior ri	F	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	NI WAS DEDECODATED	20a AUTOPSY? 20b IF YES	, WERE FINDINGS USED
REC low	2	THE OF CHEKATION	The Condition For Which Orekand	NAS FERFORMED		YING CAUSES OF DEATH?
TAL RI icion. The loss nsit per rgrene shaws	E					S NO N
ON OF VITAL HYSICIAN: The ding physicion by buriol-fronsit f. Mental Hygies Mental Hygies ar Item 18 shoot	1 8	71a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
SICIAN: ng physical recent of the second of	1	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR			
SICIA ng P certif	Į Ž	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19			
PHYSICIAN: anding phys this certifica e burid-fron d Mental Hy d or frem 18	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION	CITY OR TOWN	COUNTY STATE
DIVISION PER THAT THE AND ASSET OF THE ASSET	2	WHILE NOT WHILE AT WORK	TALLOWE STREET, TACTORY, OFFICE, TARM, ETC.			31.41
D A A A A A A A A A A A A A A A A A A A		22a.1 certify that (1) (this haspital)		-/6 108/	10725	U 27
DO ON THE STATE OF						19 2 , that (1) (we) last
R ATT hospit hed fo hed fo hed fo fem 21		saw the deceased alive on abave, (1) (we) (did) (did not) v	iew the body after death.	nd that in (my) (our) opinion o	death accurred on the date and hou	r and from the causes stated
		22b. SICHAMARE		DEGREE		22c. DATE SIGNED
the Detail		Holends by	6.6.	ATTENDING	MEDICAL STAFF	1/6/2.
SPITAL J by the NERAL be deto e Store TANT: H					DIRECTOR PHYSICIAN	1/8/82
HOSPI Inned b FUNE buld be h the S		22d. PHYSICIAN'S NAME (TYPE OR PR		22e ADDRESS		
		RoteNon	· Sarsun ofmy.			
5 % 5 % ¥	730	BURIAL PREMATION, REMOVAL		EMETERY OR CREMATORY	Internation I	
	2.30.	(SPEC)	13b DATE CY 23c NAME OF	TENT OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY (MANE /
60/ BP		(-21181H)	1-12-00 ////	Low (fin	MANSday	une TIL
DHMH - 16 50M 1/81	24 F	UNERAL DIRECTOR	7) - + 1	25a DATE	REC'D. BY REGISTRAR 25 SEGIST	RAR'S SIGNATURE
(VRA 15, 4)		INSPINI A	K1155 7077711	Marth DOMAN	1 1 1 1002	Campletten
		00(1/1/	Long and Your	/VOY////TAKONI	TI INCL MENT	//



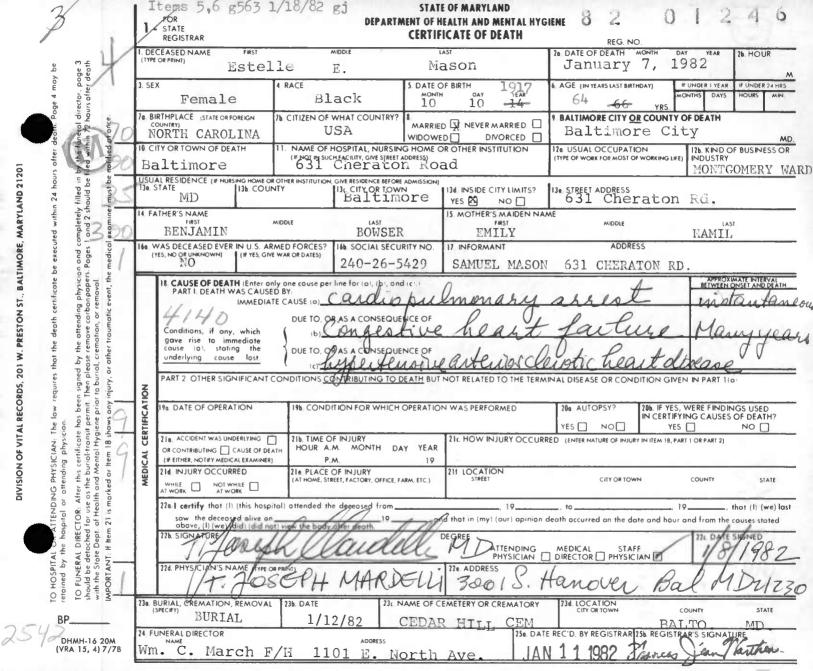
	1	FOR			DEPARTA	MENT OF HE	ALTH A	ND MENT	AL HYGIE	NE 2	0	1	4	5
1	1 -	STATE REGISTRAR				XAMINE				ATL	REG. NO.		YSE	2
147		CEASED NAME	FIRST		MIDDLE		2 LAS	51	1	20. DATE KNO		ONTH DA	Y YEAR	2b HOUR
1	(112	E OR PRINT)	VICTO	RIA	Α.	(MARS	HAL) MA	RSHAL	OF ES	TED 1	1 1	4 19 82	
	3. SE>	4 RAG		5. DATE OF BIRTH		6. AGE (IN YEARS	IF UNDE	R I YR. IF U	NDER 24 HRS	2c. DATE		NTH DA		2d HOUR
1	f	emale r	negro	4 2	75	6. AGE (IN YEARS LAST BIRTHDAY) 6 YRS.	MONTHS	DAYS HOU	JRS MIN.	PRONOUNCE! DEAD		1 1	4 19 82	2:42 a M
Ì	70. BI	RTHPLACE (STATE OR		76. CITIZEN OF W	HAT COUN				X-1	9. BALTIMORE	CITY OR CO			1 a M
1	FO	REIGN COUNTRY)		US	SA		MARRIED /IDOWED	NEVER A	VORCED	Baltin	nore Ci	itv		
t	10. CI	TY OR TOWN OF DE	ATH	11. NAME OF HOS		SING HOME, C			12a. US	SUAL OCCUPATI	ON (TYPE OF W	ORK 12b. 1	CIND OF BU	SINESS
ı	B	altimore		8 S. C	arey	REET ADDRESS)			FOR	R MOST OF WORKING	LIFE)	(OR INDUSTR	RΥ
t	USU A	L RESIDENCE (IF IN N		OTHER INSTITUTION G	NE RESIDENCE	BEFORE ADMISSION)								
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l	14. FA	THER'S NAME							MAIDEN NAM		rey b	<u>.</u>		
l)	George		MIDDLE	farsh	AST 1	- 1"	FIRST	line	MIDDLE		Clar	LAST	
	lác V	VAS DECEASED EVER	RINUS ARAA			IAL SECURITY N	0 17	INFORMANI		A	DDRESS	CIAL	V	
ı	1.A	NO OR UNKNOWN)	(IF YES, GIVE W		100.300	N/A						D		7.
								aroll	ne Ma	rshall	1202			
		18 CAUSE OF DEA PART I DEATH V	TH (Enter only VAS CAUSED	one couse per line	for (a), (b),	and (c),)						BE	APPROXIMATE TWEEN ONSET	INTERVAL
1		9100	IMMEDIATE	CAUSE (o)		inhalat	on							
1		1680		DUE TO, OR	AS A CON	SEQUENCE OF								
	-	Conditions, if gove rise to		(b)										
1		couse (a) stating		DUE TO, OR	AS A CON	SEQUENCE OF				1111			1.3.8	- Jessa
١		lying coose last		(c)										
ı		PART 2 OTHER SIGNIFICAL	NT CONDITIONS CO	ONTRIBUTING TO DEATH	RUT NOT RELAT	EO TO THE TERMINAL	OISEASE OR	CONDITION GIVE	N IN PART 1 (o).					
1	NO	100												
١	CERTIFICATION	190. DATE OF OPER	ATION	195 CONDI	TION FOR V	VHICH OPERATI	ON WAS	PERFORMED?	>			2D	AUTOPSY?	
	TIFIC	1		2 00									YES 🔽	NO 🗆
ı	ER.	210. EXTERNAL CAL		21b. TIME O	INJURY		21c. HOW	INJURY OCC	URRED (ENTER	NATURE OF INJURY I	N ITEM 18 PART I	OR PART 2)	X-	
١	ALC	UNDERLYING X	OR CALISE OF DE			DAY YEAR 4- 1982	Но	se fir	0					
١	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY	(AT HOME.	If LOCA	TION	ᠸ.					
ı	M	WHILE NOT	WHILE I		TORY, FARM, ET	C.)	STREE		0.1	CITY OR TOWN		COUNTY		STATE
		AT WORK AT V	VORK -	h	ouse_		3.5.	Carey	St.					1d
		22a. I certify that	I toak charge	of the remains des	cribed obov	ve, held on	Autopsy	-	pection .	Inquiry	. and in r	my opinion		
١		death resulted from	n: A Natura	causes ,	Accident	, Suicid	e .	Homicide	X Unde	termined manne				
			MA	1 2 -	-			TITLE (SPECIF						
1		ACTUAL SIGNATURE	OWV	Var	200		M.D.	Assis	tant MEI	DICAL EXAMINE	R S	ATE IGNED	1-14-8	32
			/ /								3			
4		(TYPE OR PRINT)	Ann	M. Dixo	n, M.I).	ADI	DRESS	111	Penn St.				
1	23a. Bl	JRIAL, CREMATION, I		b. DATE	23c. N	AME OF CEMET				OCATION		COUNTY		
1	(5	Burial	1	/19/82	We	stview	Men	n. Pk.	Ba	Itimor	e	CO.	MD	AIR
Ì	24 FL	JNERAL DIRECTOR						25a. D		Y REGISTRAR 2	BEGISTRA	R'S SIGN	TURE	
ŀ	W	m. C. Ma	arch F	H TT)1 E.	North	Ave	e	JAN 18		hance	Jan!	las Um	
ŀ									y	1		(2)		

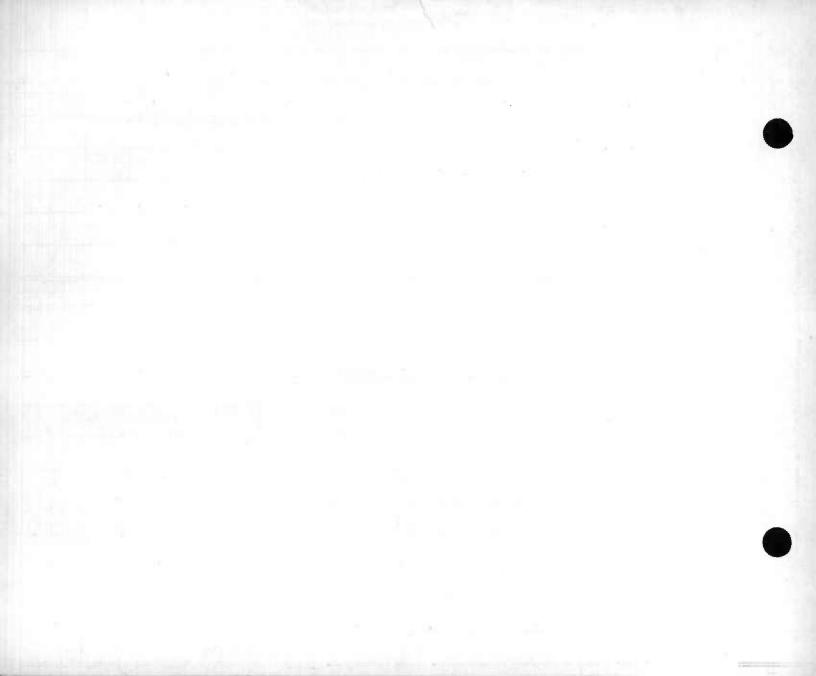


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	1.	1	FOR - STATE REGISTRAR		DEPART		HEALTH AND MENTAL HY	GIENE 👸 🌊	Q	4.	ed ed
1	9	1 DE	CEASED NAME FI	RST	MIDDLE		IASI	REG. 1	MONTH DAY	YEAR 21	
e €			FIV	14 A	A	14	e adessa	26 DATE OF DEATH	1 111		b HOUR
0.0		3. SE		4 RACE	<i>^</i> -	5. DATE O	154650	14 165	1 14	85	4 R
1		3 36	Female	1 th	ita	MONT	H DAY YEAR	6 AGE (IN YEARS LAST B	RTHDAY) IF UP		FUNDER 24 HE
(III)		7. 0					lary 17,1901	80	YRS.		
12/	0		COUNTRY	GN TO CITIZEN OF	F WHAT COUNTRY	MARRIE	D NEVERMARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
32	5/	1	stria	Italy		WIDOWI		City		100	1
23	110	10 C	ITY OR TOWN OF DEATH		F HOSPITAL, NURSI UCH FACILITY, GIVE STREE		OR OTHER INSTITUTION	128 USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIFE)	26. KIND OF B	USINESS
10 1	1/5		ltimore	Good	Samarita	n Hosp	pital	Housewif			
P	36	130	AL RESIDENCE (IF NURSING)	HOME OR OTHER INSTITUTIO	130. CITY OR TO	RE ADMISSION)	113d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
10	B		Md.		Baltimo.		YES NO	1235 Eve	sham Ave	nue	
42	e la	14 F	ATHER'S NAME	MIDDLE			15. MOTHER'S MAIDEN NA	ME			
115	100		Augustino		aturi		Lidwina	WIDDIE	Col	7 LAST	
9 6	0		VAS DECEASED EVER IN L	J.S. ARMED FORCES?		URITY NO.	17 INFORMANT	ADDR		ad-	
0 0	Dell	(YES NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	216-32-	9972	Mr John C	Martalla	cr o vin	One	
000	21						Mr. John C.	. Marterio	SI.6 KIN		
14 g	1		18 CAUSE OF DEATH (E PART I. DEATH WAS	CAUSED BY:	er inge far (a), (b), ai	nd IC	04	0.0		BETWEEN ONS	ET AND DEA
200				MEDIATE CAUSE (a)	Sortor	537 mg	reme 1	or think			
or or	1		1400	DUE TO	OD AS A PAISSON	IENICE OF	1				
de c	E		Conditions, if any, wh		OR AS A CONSEQU	BA AZ	HUPEIDA	CARIDA			
mon	0		gave rise to immedi	ote	10000	-1010	11/1 6/21	20 3100			
y th	Ther		underlying cause h	the DUE TO, C	OR AS A CONSEQU	JENCE OF	A 7 1 . A				
pleos rriol,	0			(c)_			AL VASCU				
hen p	2	z	1 '				NOT RELATED TO THE TERM	MINAL DISEASE OR COM	DITION GIVEN II	V PART 1 a	
it. Th	<u></u>	CERTIFICATION		T, NOSN	Diseas						
os berm	200	2	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206. IF YES, WE	RE FINDINGS	USED
	No.	E						YES NO	YES [NO 🗆
buriol-tronsit Mental Hygie	0 0	5	216. ACCIDENT WAS UNDERLY		OF INJURY A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	IRY IN ITEM 18 PART 1	OR PART 2)	
ol-t ntol		AL	OR CONTRIBUTING CAUSE	L OF DEATH	P.M.	19					
buriol Mente	or He	MEDICAL	21d. INJURY OCCURRED		OF INJURY	19	21f LOCATION				
		Z.	WHILE NOT WHILE AT WORK	CAT HOME S	TREET FACTORY, OFFICE.	FARM, ETC)	STREET	CITY OR TO	NWO	COUNTY	STATE
os lih	шолкед					10 7		/			
OR: Afte	5		220.1 certify that (1) (this		he deceased from _	1201	8-81 19	, to	195		it (I) (we)
- 0 C	7		sow the deceased o	live on	v ofter death	0 C . or	nd that in (my) (our) opinion	death occurred on the c	ote and hour one	from the cau	ises stoted
DIREC Sched Dept.	E		22b. SIGNATURE	C A	y diret dediti.		DEGREE			22c. DATE SIC	NED
detock	<u> </u>		1 datu	Jerpa (resures	- u	ATTENDING _	MEDICAL STA	FF Le	/	4/82
Stot	2		22d. PHYSICIAN'S NAME	LEWES OF BOX III			PHYSICIAN [DIRECTOR PHYSI	CIANLO	1110	4186
d b	X	17.8	1 1 1				SGOI LO	20 10 1.75	., 10.	111	
should be deto			ANTONIO	7 - C 477	ANEGO		201 CC	CIN TO AVE	N 3C	V 1)-	
- u s ±		23¢ 6	SURIAL, CREMATION, REM				EMETERY OR CREMATORY	23d. LOCATION			
			urial	Jan. 1	6,1982 Du	ılaneu	Valleu	Cockeysv	ille Bal	to MI	d. STATE
6 50M 1/8	21		JNERAL DIRECTOR				25e, DAT				6.760
4 15, 4)	21	TA	conard J. Ruc	ak Tan Ra	1 timore	Maru 7	and	AN 191982	Trances	Jan	HULL.
		200	Chara J. Ruc	ck inc. ba	TOTHOTE,	rary 1	and	AN 1 9 190C	011	0	

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1	FOR STATE				MENT OF	HEALTH		ENTAL H			0		2/4	5
	REGISTRAR	F FIRST	WE	MIDDLE	EXAMIN		ERTIFIC	CATE O	FDEA		G. NO.			
	YPE OR PRINT)		Napin							2a DATE KNOV		ONTH D	7 YEAR 82	26. HOUR
3 SI	X	I4. RACE	NARD 15. DATE OF BIRTH	LE	WIS	es IFIIN	MARTI DER 1 YR.	IF UNDER	24 MBC	DEATH MATE		ONTH D	19 VEAR	2d HOUR
	male	white	12 18	17	64 YE	Y) MONTH		HOURS	MIN.	PRONOUNCED DEAD	1	17	82	3:45
	BIRTHPLACE (STATE OR	76. CITIZEN OF W			8	ED 15			9 BALTIMORE	ITY OR C	OUNTY O	19	PM M
Sec	irgini	a	U.S.	Α.		WIDOW	ED 🔲 NE	DIVORCI		Balti	more	C	ity	MD
0 (ITY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NUI	RSING HOME			TION	12a. USU	JAL OCCUPATION	N (TYPE OF V	WORK 12b.	KIND OF BU OR INDUST	SINESS
	Baltimo		(IF NOT IN SUCH FA			s St	reet			Lf-Empl				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
30	STATE	13b. COL	E OR OTHER INSTITUTION, GI INTY	13c. CITY	ORTOWN		13d. INSIDE CI	TY LIMITS?		EET ADDRESS				
_	Md .			Bal	timor	e	YES 🔀	NO [80		oss	St.		
14.	FIRST		MIDDLE		AST	W	F	R'S MAIDE		MIDDLE		-	LAST	
60.	Stone WAS DECEASE	DEVER IN U.S. A			rtin	NO.	E11		u	ADI	DRESS	Dav	71S	
	YES, NO, OR UNKN	OWN) (IF YES, GI	VE WAR OR DATES)	227	_14_0	445	Kath	v Co	llir	s 3952	MoD	lowo l	l La	
	18. CAUSE O	OF DEATH (Enter of	only one cause per line	for (o), (b)	ond (c),)	1.1/	Tha VII	y 00		عرور فا	MCL		APPROXIMATE	INTERVAL
y	PARTID	EATH WAS CAUS		torio	coloro	tic c	ardio	Vaccu	lar	disease			BETWEEN ONSET	AND DEATH
	1429		ATE CAUSE (o) Are	AS A CON	SEQUENCE	OF C	araro	vasca	101	arscasc				
-	gove r	ns, il ony, which ise to immedio	te (b)			A								
	lying co) stoting the <u>unde</u> use lost.	DUE TO, OR	AS A CON	SEQUENCE ()F								
	PART 2 OTHER S	IGNIFICANT CONDITION	(c)NS CONTRIBUTING TO DEATH	BUT NOT BELA	TEN TO THE TERM	MAI DISTACE	OR COMMITTION	Clurk IN 848	T 1					
Z			townsom (o death	BOT HOT KEEN	LO TO THE TERM	MAC DISEASE	OK COMUITION	GITER IN FAC	1 101					
CERTIFICATION	190 DATE O	OPERATION	196 CONDI	TION FOR V	VHICH OPER	ATION W	AS PERFOR	MED?				20	0 AUTOPSY?	
TIFE													YES	NOV-X
	UNDERLYIN	AL CAUSE WAS		MONTH	DAY YEAR	21c. HC	W INJURY	OCCURRE	D (ENTER N	NATURE OF INJURY IN I	TEM 18 PART I	OR PART 2)		
MEDICAL	CONTRIBUT	NG CAUSE O	F DEATH P.M		19	211. LOC	ATION		14					
ME		NOT WHILE		ORY, FARM, ET			REET			CITY OR TOWN		COUNTY		STATE
	-		rge of the remains des			Autops		Inspection	VV.	Inquiry,	and in	my opinioi	n	
	death resul	led from: Nat	tural causes XX.	Accident	டி, Sui	cide 🔲,	Homic		Undete	ermined manner	□,			
	ACTUAL SIGNATURE	MA	2.7			AA	ASSI		MEDI	ICAL EXAMINER	0	ATE	1/18/8	32
		// Iv	Ash.					200113	MEDI	CALEAAMINER	5	IGNED_	17.070	
	EXAMINER'S (TYPE OR PR	NT)		xon,	M.D.	/	ADDRESS_	11 Pe		treet Ba	lto.	MD 21	201	
23a.	(SPECIEY)	TION, REMOVAL			AME OF CEA				23d. LO	CATION		COUNTY	51/	ATE
24	Buria FUNERAL DIREC		1/22/82	Oa.	k Law	n Ce	mete:	ry	EC'D BY	DECISTOAD ISS	Balt	imor	e Md	
В	NAME		ADDRESS	Q TO	De 7 ±		أرح	DAIE K	LC D. BY	REGISTRAR 256	A	Que	- Constant	
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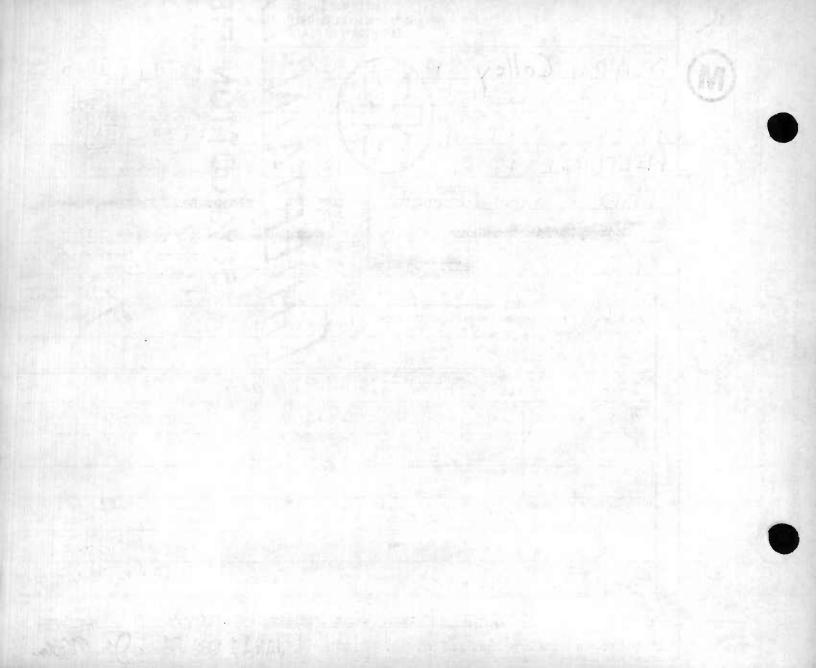
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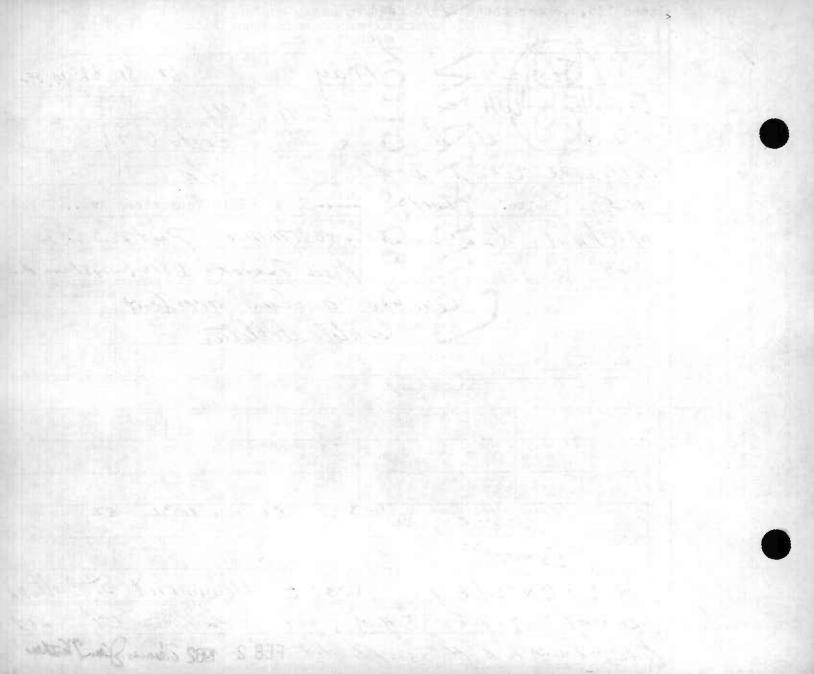
2 8		FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	9
oy be oge 3 deoth	1. DE	CEASED NAME BETTIE	MIDDLE	MATTHEWS	20. DATE OF DEATH MONTH DAY YEAR 76. HOL	JR 45AM
ge 4 moy ector, po rs offer d	3. SE	F	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	MIN.
35	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH BALT. CITY	MD.
S Called A Called	10 C	BALT.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET,	G HOME OR OTHER INSTITUTION ADDRESS)	126 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY	ESS OR
ly filled in should be	13a	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY 13c. CITY OR TOWN		130. STREET ADDRESS ST PAUL ST	
ompletely ond 2 sh	14 F	ather's name ardes	Privace	15 MOTHER'S MAIDEN NA	MIDDLE DAVIS	
icion and co		VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SECU E WAR OR DATES) 218-28-		thews 2200 St. Paul s	St.
equires that the death certificat is signed by the attending physis. Then please remove carbon paper to burial, cremation, ar removo injury, or other traumatic event, i	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	BEONEHUS Z	FAILURE BETWEEN ONSET AND METASTASIS DOPLAGUS, VINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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10.2	ECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY PLEASE WEW'IN PRENCIL IN ITEM IS GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. CAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR FILES. BURIAL. TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED, WITHIN 22 HOURS AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON STREET, AATOM CHANCALL.		(YES, NO, OR UNK	no	WAR OR DATES)		Ma	Jackie	E. Mc Lung	Jr. Se	ame as	#13
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD" PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFIER DEATH. WITH THE STATE DEPRATIMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL.		WHILE AT WORK	NOT WHILE	STREET, FACTORY, FARM, E	TC.)	STREET		CITY OR TOWN	co	YTAUC	STATE
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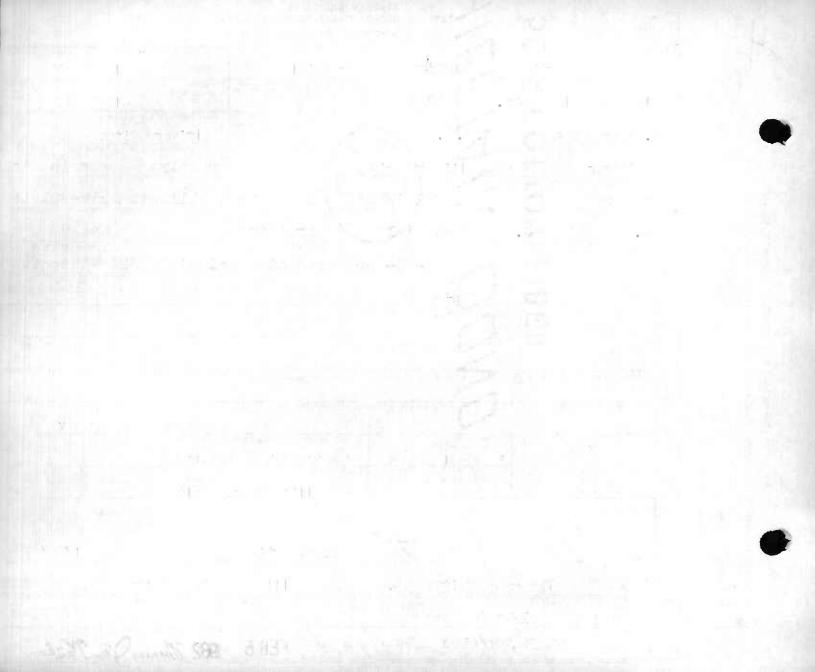
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TIMORE	ician and co		NAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS WES NO OR UNKNOWN (IF YES GIVE WAR OR DATES) AND MAR PArker 2206 CliFton Ave
	g physon pop		18 CAUSE OF DEATH Enter only one couse per line for (a) 4b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b) APPROXIMATE (A) TENTERVAL BETWEEN ONSET AND DEATH
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	TT CTC		sow the deceased olive an above, (I) (we) lost yiew the body ofter death. DEGREE 10.1 certify that (I) (this haspital) alreaded the deceased from 19.1, 19.2, to 19.2, that (I) (we) lost obove, (I) (we) (did) (did not) yiew the body ofter death. 19.2 and that in (my) (our) opinion death occurred on the date and haur and from the couses stated obove, (I) (we) (did) (did not) yiew the body ofter death.
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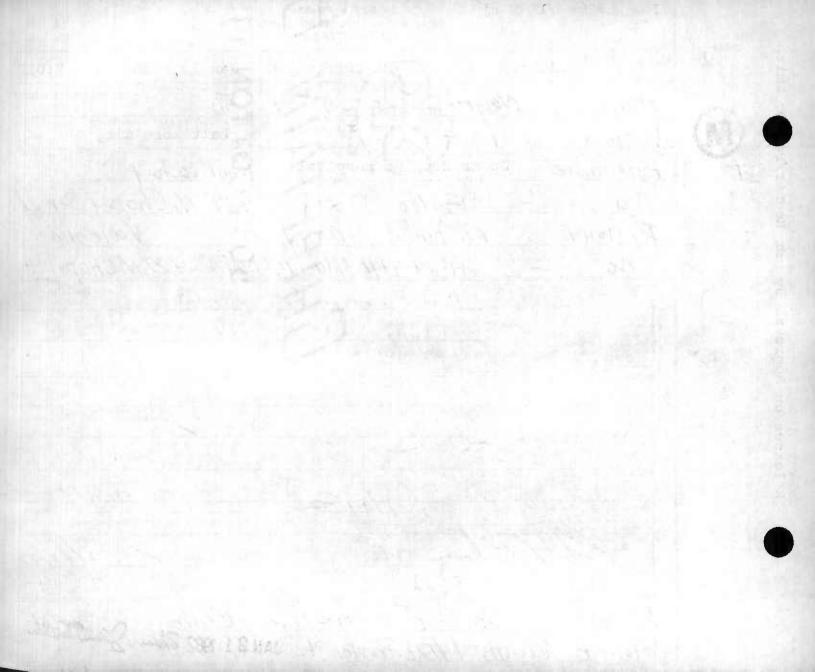
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2g. DATE KNOWN K (TYPE OR PRINT) OF ESTI-DEATH MATED Curtis Lord McDaniel 29 10 82 4 RACE AGE (IN YEARS 3. SEX IF UNDER 1 YR IF UNDER 24 HRS DAY 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED 5:03P Oct. 1961 20 Male Negro DEAD 29 1982 To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY! U.S.A. Carolina Baltimore WIDOWED DIVORCED RD "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 3 TO THE HITEM MEDICAL EXAMINER ALONG WITH FORM PM. 3. FETAIN PAGE SI USED AS BURIAL - IRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W IL CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Orderly OR INDUSTRY Springfiel Baltimore 2828 Ellicott USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONI 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Ellicott Drive 21216 Maryland Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Neely Geraldine L. McDaniel 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO ADDRESS Drive 216-76-1667 Geraldine McDaniel/2828 Ellicott NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hami na IMMEDIATE CAUSE (o)_ OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIDR TO BURIAL, YES X NO T 71a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 29 1982 subject hanged self 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK 2828 Balto Md Fllicott home 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Homicide Undetermined manner death resulted from TITLE (SPECIFY) Deputy Chief MEDICAL EXAMINER 1/30/82 DATE SIGNATURE EXAMINER'S NAME Thomas D. Smith. M.D. III Penn St. Balto., MD. (TYPE OR PRINT) 230.BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION PK 24 FUNERAL DIRECTOR 250, DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE JONES, JR9645101 AVE **DHMH-17** VR A 15 ME (5) 15M 2/80



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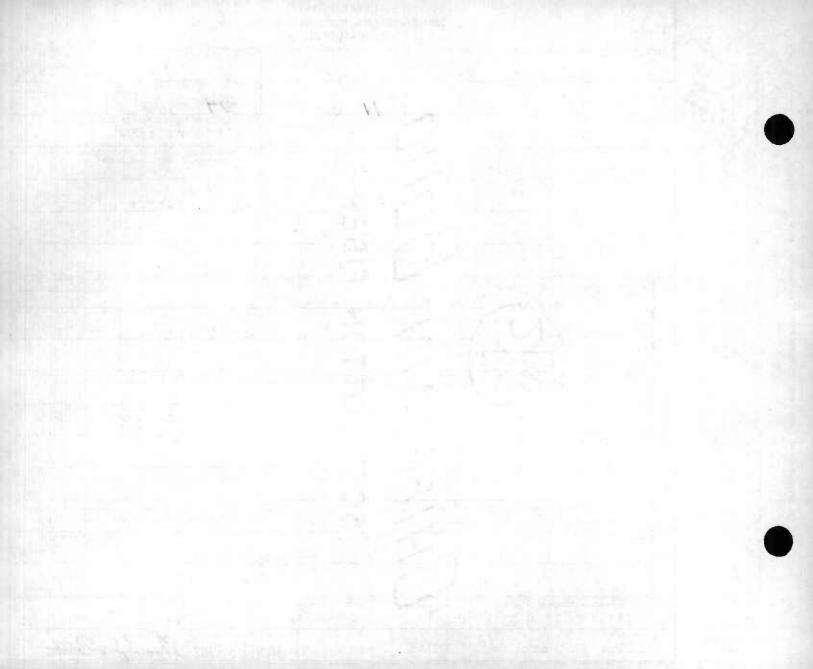
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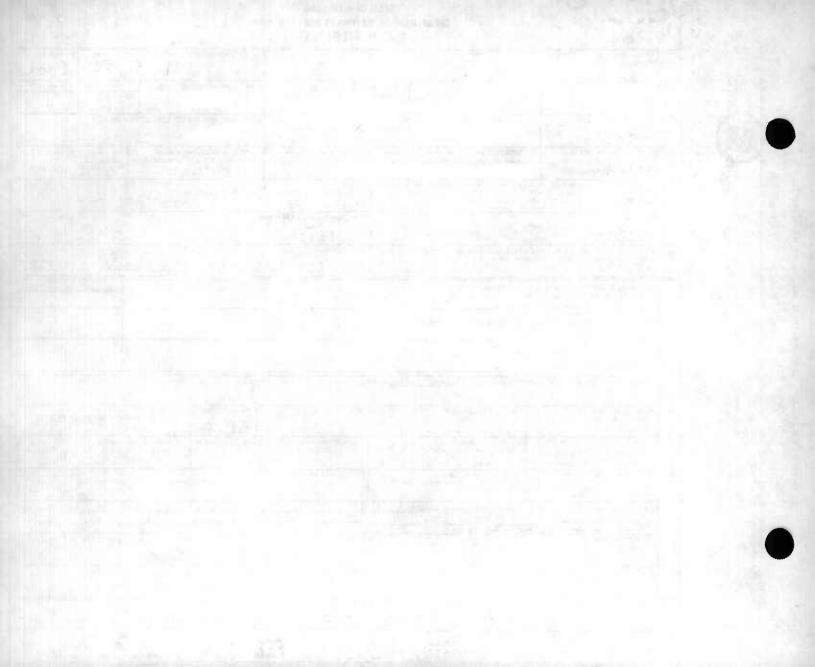


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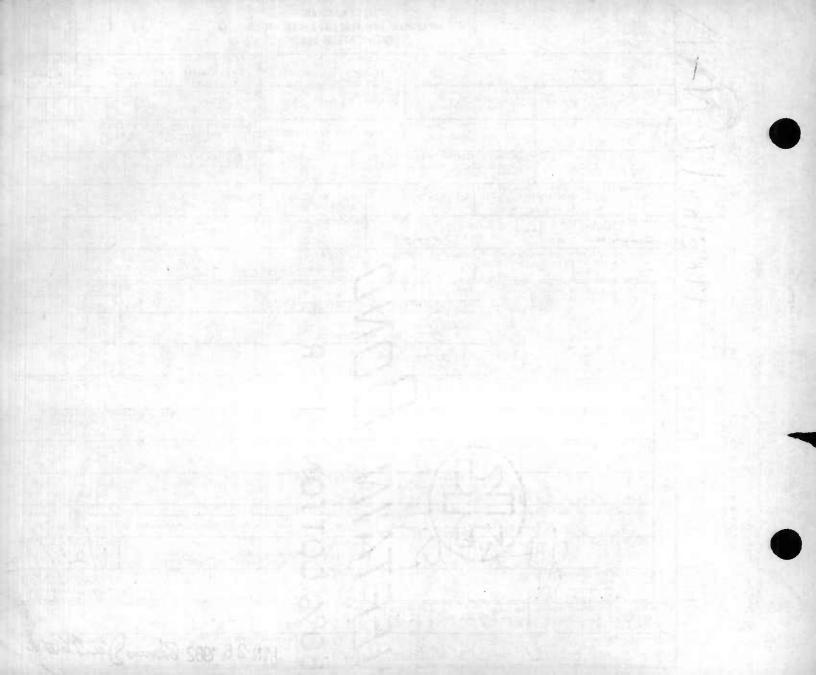
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME MIDDLE 20 DATE OF DEATH 2h. HOUR (TYPE OR PRINT) Erwin N. McLyman 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR 3 SEX 1906 Male White 75 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City U.S.A. Maryland WIDOWED DIVORCED [A CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR INDUSTRY Mechanic Baltimore Baltimore City Hospital Beth. Steel USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 132, COUNTY 136, CITY OR TOWN 134 INSIDE CITY LIMITS? 13a. STREET ADDRESS Baltimore 7533 Westfield Road Maryland Dundalk YES | NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MEDDLE LAST MIDDLE Smith William Elizabeth McLyman ADDRESS 533 Westfield Rd. 17 INFORMANT to WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES NO OR UNKNOWN) Balto., MD.21222 213-07-6987 Juanita L.McLyman Yes 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause lat, stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED I DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [NOF YES [21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 220 I certify that (I) (this haspital) attended the deceased fram. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on_ above, (1) (we) (did) (did not) view the body after death 22c DATE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT 224. PHYSICIAN'S NAME TYRE OR PRINT 22e ADDRESS should be with the S 236 LOCATION 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE 1982 First United Evang Baltimore Maryland Burial 24 FUNERAL DIRECTOR Duda-Ruck, 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE In CATORESS **DHMH-16 25M** 7922 Wise Avenue Dundalk, MD. 21222 (VRA 15, 4) 1/79



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W. Clarke Mattingley Leonardtown, Maryland

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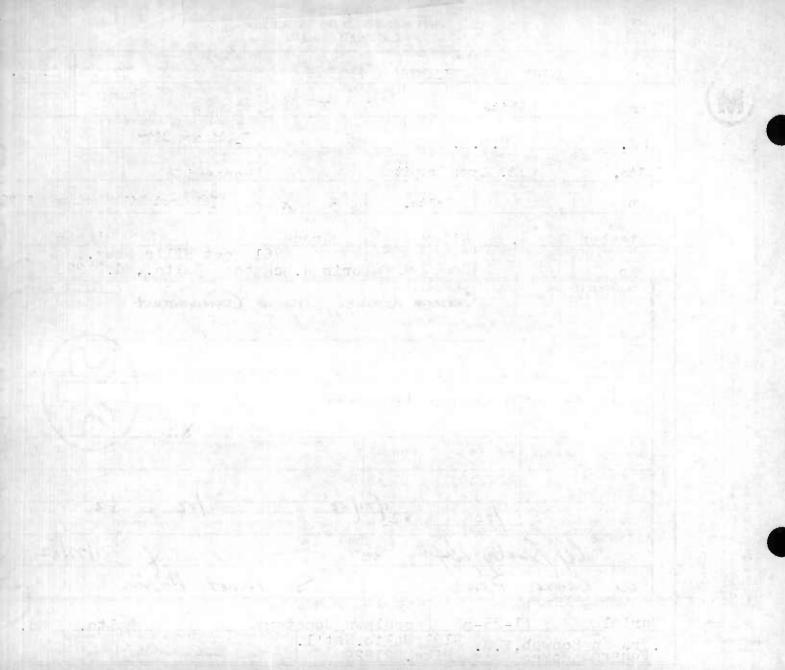
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

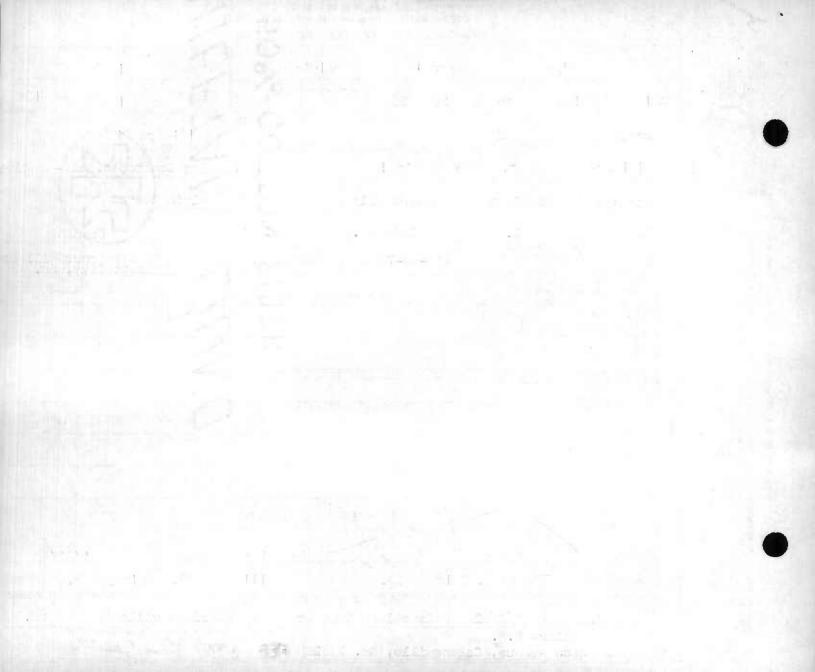
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34.	ATHER'S NAM	NE .	WIDDLE	LAST		15 MOTHER'S MA	IDEN NAME	MIDDLE	LAST	
1	Lee		С.	Melvi		Genev	ieso		Creha	n
160.	WAS DECEAS YES, NO, OR UNKN	ED EVER IN U.S. AR IOWN) (IF YES, GIVI	RMED FORCES? E WAR OR DATES)	213-68-7		17. INFORMANT Ronald	P. Melvin	ADDRESS 3010 Ellic	Chestanut	Hill Dr
	18 CAUSE	OF DEATH (Enter or	nly ane cause per line	for (a), (b), and (c).)					APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
1	1111		TE CAUSE (a)	Coronary		osis				
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ICAL	CONTRIBUT	ING CAUSE OF			211 (0	CATION				
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

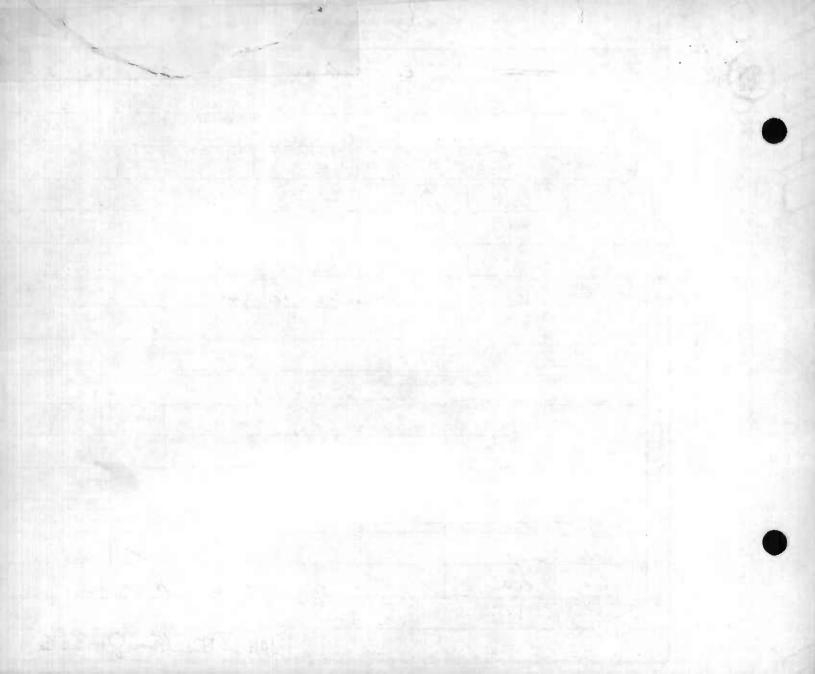
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3.5	EX	4 RACE	5 DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY] IF UNDER I YEA	
0 0 0	FEMALE	BUCK	MONTH	DAY YEAR	70	YRS. DAY	S HOURS MIN
Page 19	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8			R COUNTY OF DEATH	
# 12 2 C	Chrisfield, MD	U.S.A.	WIDOWE	DI NEVER MARRIED DINORCED	Balti	more City	MD
70 5 6 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME C	R OTHER INSTITUTION	12a USUAL OCCUPATI	ON 126 KIND	OF BUSINESS OR
2 0 = -	Baltimore /	Baltimore	City Ho	spital	(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTR	łY
filled in could be	UAL RESIDENCE (IF NURSING HOME (. STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE B JINTY 136 CITY OR T Balti	efore admission) OWN more	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 914 E.	Pratt St.	
5 5 7 5 A	FATHER'S NAME Charles	MIDDLE LAST Ashb	у	15 MOTHER'S MAIDEN NAMER FIRST Eva	WIDDLE	St	erling
5 9 9 160	WAS DECEASED EVER IN U.S. A		ECURITY NO	17 INFORMANT	ADDRE	ESS	
Pogne e ex	(YES, NO OR UNKNOWN) (IF YES, GI	(VE WAR OR DATES) 215-0	9-6440	Anita King	Keve 914	E. Pratt S	t.
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ee co an, c	Conditions, if any, which	DUE TO, OR AS A CONSE	OUENCE OF				
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cote has been signal process of the course on the course of the course o	19g. DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATIO	Renal Failure	20a AUTOPSY?	20b. IF YES, WERE FIN	DINGS LISED
os boserm ne pr	THE DATE OF STERAMON	2				IN CERTIFYING CAUS	ES OF DEATH?
shov Series	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	CTYC	73 TUCA 1	YES NO	YES	NO 🗌
	OR CONTRIBUTING CAUSE OF D		DAY YEAR	ZICTIOW INJURY OCCUR	LED (ENTER NATURE OF INJU	RT IN HEM ID, PART I OR PART I	.,
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d A A	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
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INRECTOR After Interest of Health on			9, ar	nd that in (my) (our) opinian (death occurred on the d	ate and hour and from t	
he hospital are the hos	saw the deceased give a above Time (did) (did a 22b. SIGNATURE	not) view the body after death.	9, ar	nd that in (my) (our) opinion (ate and hour and from t	he couses stated
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he hospital are the hos	saw the deceased give a above Time (did) (did a 22b. SIGNATURE	not) view the body after death. Aul OR PRINT]	9, ar	nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN [MEDICAL STA DIRECTOR PHYSIC	ate and hour and from to	he couses stated
regined by the hospital or att O FUNERAL DIRECTOR After hould be detached for use as t with the State Dept. of Health a MPORTANT: If Hem 21 is marke	saw the deceased give a above (1) we (1814) (did not be seen as a	Nact) view the body after death. Aul_ OR PRINT! RAPIMEL	9, ar	nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF IAN OSPIMAL	he couses stated TE SIGNED
reined by the hospitol or off O FUNERAL DIRECTOR After hould be detoched for use of it with the Stote Dept. of Health a MPORTANT: If Hem 21 is marke	saw the deceased give a above, fin we (idid) idid in 22b. SIGNATURE Godo Roman Roma	Nact) view the body after death. Aul_ OR PRINT! RAPIMEL	23c. NAME OF C	DEGREE ATTENDING PHYSICIAN 276. ADDRESS EMETERY OR CREMATORY	MEDICAL STA DIRECTOR PHYSIC	FF 222. DA	he couses stated
TO FUNERAL DIRECTOR After should be detoched for use as with the State Dept. of Health a MPORTANT: If them 21 is market	saw the deceased give a above (1) we (1814) (did not be seen as a	NACT VIEW the body after death. COR PRINT! RAPHAEL LL 23b. DATE	23c. NAME OF C	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS EMETERY OR CREMATORY uburn Cem.	MEDICAL STA DIRECTOR PHYSIC 23d LOCATION CITY OF TOWN Baltime REC D. BY REGISTRAR	FF 222. DA	he couses stoted TE SIGNED 10/52. STATE MD



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-THELMA METZ 82 CATHERINE 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 1:16 Sept. 20,190\$ 76 DEAD 20 19 82 white female YRS Th. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Maryland USA WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 128. USUAL OCCUPATION (TYPE OF WORK SHOULD BE FILED. 12b. KIND OF BUSINESS OR OTHER INSTITUTION OR INDUSTRY 507 Greendale Rd Clerk Baltimore MTA USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 30 STATE 13h COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 1507 Greendale Rd. YES X NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES I MIDDLE MIDDLE LAST TO MEDICAL EXAMINER: THIS CERTIFICATE STANDED TO THE PENCIL IN 1TEM 18. GIVE PAGES 1, EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING". IN PENCIL IN 1TEM 18. GIVE PAGES 1, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH PAGES 1 AND TO FUNERAL DIRECTOR. PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AND AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. Charles F. Metz Amelia Alt 3305 Northway Dr. Balton Md. 21234 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 213-05-9691 Wm. F. Rochford 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Multiple stab wounds DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS 71b. TIME OF INTURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 1-19- 19 82 Subject was stabbed CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. II LOCATION 21d. INJURY OCCURRED AT WORK STREET, FACTORY, FARM, ETC.) 1507 Greendale Rd., Balto. STATE Md. home 22a. I certify that I took charge of the remains described above, held on Autapsy Homicide X death resulted fram Notural couses Accident Suicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE. EXAMINER'S NAME 111 Penn St. Ann M. Dixon, M.D. ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 236 LOCATION SPECIFY) COUNTY STATE Burial Jan. 23,1982 Druid Ridge Pikesville. BP B Ito. 24. FUNERAL DIRECTOR 6500 York Rd. **DHMH-17** ADDRESS while (VR A15 ME (5) Mitchell-Wiedefeld Home, Inc. Balto., Md.21212 15M 2/80

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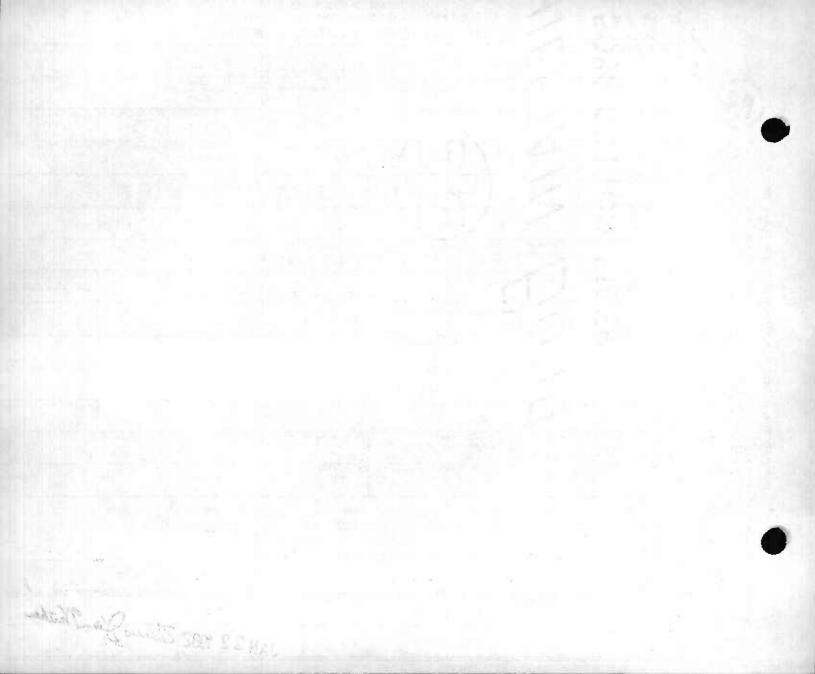
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		.C.		JSA		WIDOW		DIVORCE		timore				
	CITY OR TOWN Baltimo	ore		shlan	d Ave	•	ER INSTITUTI	ION	FOR MOST OF		YPE OF WORK	126 KIND OR IN	OF BUS	
US 13a	STATE MD	(IF IN NURSING HOME 13b. COUP	OR OTHER INSTITUTION, G UTY		PEFORE ADMIS		13d. INSIDE CITY	Y LIMITS?	13e SIR#145	Āshla	and A	Ave.	19	
14.	FATHER'S NAM	E	MIDDLE		LAST		15. MOTHER		NAME	WIDDLE		IAS		
	Dozie			Mic				ggy				npson)	
160	WAS DECEASI (YES, NO, OR UNKN NO	D EVER IN U.S. AR OWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)		7-05-		Marg		Brist	ol 40		25t	n S	t.
Ī	18. CAUSE	OF DEATH (Enter a	nly ane cause per line	far (a), (b), and (c).)							APPRO	OXIMATE N ONSET	NTERVA AND DE
	PARTID	EATH WAS CAUSE	TE CAUSE (a)	Arter	ioscle	erotic	cardi	iovaso	cular d	isease				
	4.7	92	DUE TO, OR	AS A CON	SEQUENCE	OF								
	Canditio	ins, if any, which	(b)											
	cause (c) stating the <u>under</u>		AS A CON	SEQUENCE	OF	100							
	lying co	use last.	(c)									1		
	PART 2 OTHER :	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT REL	TEO TO THE TES	MINAL DISEASE	OR CONDITION	GIVEN IN PART	1 (a).					
2				Progr	essive	e musc	cular a	atroph	ny					
TAT	19a. DATE O	FOPERATION					AS PERFORM					20 AUT	OPSY?	
MEDICAL CERTIFICATION			- 1									YES		NO [
Gar	21a. EXTERN	AL CAUSE WAS	21b. TIME O	FINJURY	DAY YEA	21c. HC	OW INJURY C	OCCURRED	(ENTER NATURE O	F INJURY IN ITEM ?	B PART I OR P	ART 2)		
A	UNDERLYIN	G OR ING CAUSE OF			19	310								
102	21d. INJURY	OCCURRED	21e PLACE	OF INJURY	(AT HOME.		CATION			7046		2111170	19.1	
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	EXAMINER'S	NAME AN	n M. Dixo	n, M.	D.		ADDRESS	111	Penn St	•				
230	BURIAL, CREMA	ATION, REMOVAL	23b. DATE	23c.	NAME OF C		D CDELLATOR	RY_1-	23d. LOCATIO	ν _	920	air.	LL English	
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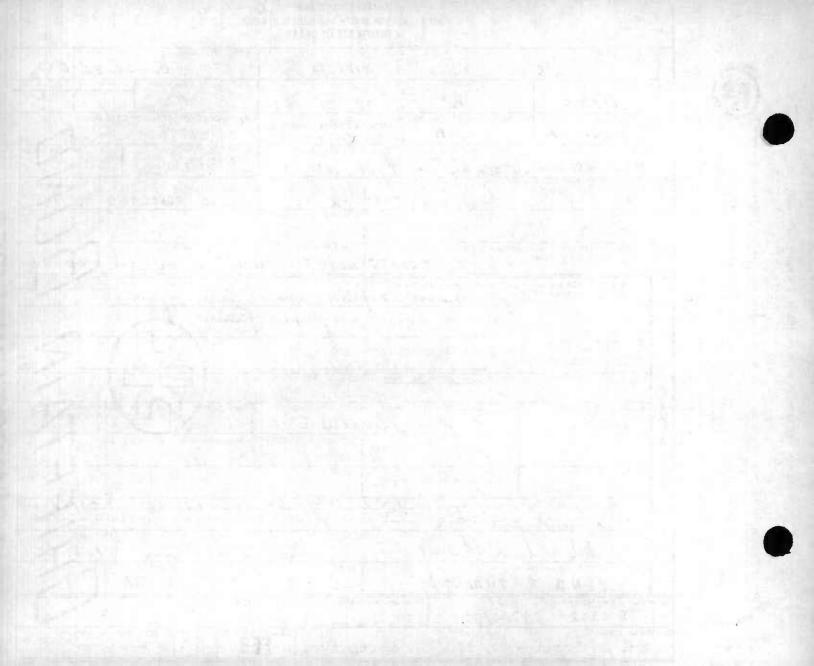


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14. F	ATHER'S NAME				IIIIgco		ER'S MAIDEN NA	AME		•		
10	Eldon	Wilson M	ichaels	LAST		F	Gertrude		MIDDLE	Edward	S	
160.	WAS DECEASED EVER	IN U.S. ARMED FO	ORCES?	16b. SOCIAL SE	CURITY NO.	17. INFOR			ADDRESS		_	
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	/	I took charge of th	ne remains descr	ribed abave, hel	don A	PPHY XX	Inspection L	J. Inquiry		id in my opini	an	
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) = -	EXAMINER'S NAME				6					1. 440	03003	
×	(TYPE OR PRINT)			Smith, M.		_ADDRESS_		enn Str	eet, Ba	ito.Mu	21201	
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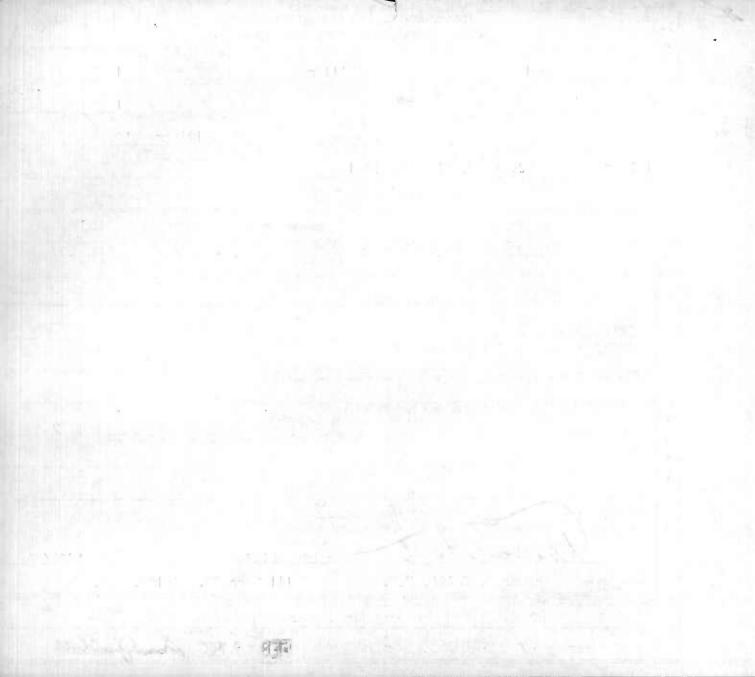
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	tems #18a-22a Fi FOR STATE REGISTRAR	DEPAR		AND MENTAL HYGIENE	2. Q	2, 8 2
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3. SE	X 4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS IF U	NDER'TYR. IF UNDER 24 HRS. 2c. E	ATE MONTH	Z0. HO
-	ale black	7-5-49	LAST BIRTHDAY) MONT		DUNCED DEAD 1-9	9-82 19 4:19
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14, 1	CHARLES	MIDDLE HILL	LAST	15. MOTHER'S MAIDEN NAME Dorothy	MIDDLE	Clast
16a. '	WAS DECEASED EVER IN U.S. AR YES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SC	OCIAL SECURITY NO.	17. INFORMANT	ADDRESS	2 60
	18. CAUSE OF DEATH (Enter or	ly and says and line for (a) (5-46-7661	MARY MARSHAll	733 Be	AVER BEGON ROLL BETWEEN ONSET AND DEA
_	Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last.	DUE TO, OR AS A CO				
7	PART 2 DTHER SIGNIFICANT CONDITIONS	(c)	LATED TO THE TERMINAL DISEAS	E DR CONDITION GIVEN IN PART 1 a		
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RTIFIC	21a EXTERNAL CAUSE WAS					YES NO
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MED	WHILE NOT WHILE AT WORK	21e PLACE OF INJUR STREET, FACTORY, FARM		CATION STREET CITY (OR TOWN C	COUNTY STATE
	22a. I certify that I taak charg	ge of the remains described ab			uiry , and in my	apınıan
	ACTUAL SIGNATURE	ral causes Acciden	Kell N	, Homicide . Undetermine TITLE (SPECIFY) DASSISTANT MEDICALE	DAT	E NED1-9-82
	EXAMINER'S NAME Marga	arita A. Korel	1, M.D.	ADDRESS 11 Penn Stree	†	
23a. E	BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEMETERY C	R CREMATORY 23d. LOCATIC	on Salles	nous Day
24. F	FUNERAL DIRECTOR	ADDRESS	Ring	250. DATE REC'D. BY REGI	STRAR 25 REGISTRUM	April Carlow

THE HEAVEN COUNTY SEE STEEL MALE



DECEASED NAME		Items #18a-22a Fil FOR I-STATE REGISTRAR		ATE OF MARYLAND FHEALTH AND MENTAL HY NER'S CERTIFICATE OF	DEATH	2. 8 4
S. SEX 4. RACE Black 10 f Birth Month 10 yr 588 AGE (INVERSE) FUNDER 1YR	- (DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE KNOWN AMONTH	12 1100
76. BRTHPLACE (STATE OR OF WHAT COUNTRY) 8. MARRIED 8. MARRIED 9. BALTIMORE CITY OR COUNTRY OF DEATH USA WIDOWED DIVORCED DIVOR	I govern	SEX 4. RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTH	YEARS IF UNDER 1 YR. IF UNDER 24	4 HRS. 24. DATE MONTH	DAY YEAR 24 HOU
10 CITY OR TOWN OF DEATH	70.	e. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. BALTIMORE CITY OR COUNT	
130 A RESIDENCE	25		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS	AE, OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK	126. KIND OF BUSINESS OR INDUSTRY
CUTTIS H. Miller Genevieve Modifier Genevieve Modifier Genevieve Modifier Genevieve Modifier Miller Genevieve Modifier Modifier Genevieve Modifier Modifier Genevieve Modifier Miller ADDRESS 214-72-2172 Its Cause of Death (Enter only one couse per line for (a), (b), and (c).) Part I DEATH WAS CAUSED BY: SIMMEDIATE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) Part I DEATH WAS CAUSED BY: Out TO, or As A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) storing the under: Uping couse (a) storing the under: Uping couse (a) storing the under: Uping couse lost. (c) Part 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? YES CY The DATE OF OPERATION INDUSTRICTING OR CONTRIBUTING OR AND ACCOUNTY (AT HOME AND MODIFIED TO THE IERMINAL DISEASE OR CONDITION GIVEN IN PART I (a). The DATE OF OPERATION INDUSTRICTING OR CONTRIBUTING CAUSE OF DEATH P.M. UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. The DATE OF OPERATION INDUSTRICTING OR CONTRIBUTING CAUSE OF DEATH P.M. The CONTRIBUTING OR CONTRIBUTING OR CAUSE OF DEATH P.M. The CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTION STREET CITY OR TOWN COUNTY TITLE (SPECIFY) ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS APPROXIMATE ADDRESS BETTLET AND ADDRESS BETTLET AND ADDRESS APPROXIMATE		In. STATE 136. COUNT			3 653 ADBEST tlett A	ve.
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AT WORK AT WORK 270 Certify that I yok charge of the remain described above held in Autopsy X, Inspection , Inquiry , and in my opinion death resulted from Natural courses Accident Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE			HOUR A.M. MONTH DAY YE	AR	LENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR	
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	7	22a I certify that I work sharing death resulted from Nature ACTUAL SIGNATURE Th	of course Accorded American	Hamicide , Hamicide , TITLE (SPECIFY) M.Deputy Chie	Undetermined manner	o <u>1/30/82</u>
230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR DATE COUNTY BURIAL 2/3/82 Arbutus Mem. Park Baltimore Co. M.	230	(SPECIFY)			23d LOCATION Baltimore	dk .ö.



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0 03	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR
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Lin Hour			ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)		
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Hin 2	14. F.	ATHER'S NAME	Walter K	YES NO 15. MOTHER'S MAIDEN NA	AME	yerre me.
ARYLA ARYLA Defector of the Control		Le/FIRST	MIDDLE	FIRST	WIDDLE	Adams
EA STORY	14)	VALICES	10/11/8-20	W LUJZ	ADDRESS	Haams
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BALTI ore b vol. F		18. CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b), a		^	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSI	TE CAUSE (o) MYOCA	-ROIAL INF	ARCTION	11 HR
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that the that the that the that the ease of crem		underlying couse lost.	DUE TO, OR AS A CONSEOL	JENCE OF		
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ne low on permit	5	The Brite of Greather	The combined to the writer	TO CENTROL WAS TEM OWNED	IN CERTIF	YING CAUSES OF DEATH?
//SION OF VITAL R 3 PHYSICIAN: The la ttending physicion. er this certificate hos the burdletrossi pea and Mental Hygiene ced or Item 18 shows	- E	21g. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	21. HOW MILENY OCCUR		S NO
N OF VITA SICIAN: TI ng physicia certificate ririal-tronsil tem 18 sh		OR CONTRIBUTING CAUSE OF DE		AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, P	ART 1 OR PART 2)
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PHYSI ending this ce to buring dor the	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	PARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVIS DING P or after the eas the olth and morked	1	AT WORK AT WORK		/ 0-	, /2.	00
DIV ENDING ral or att rate as t Health a		22a.1 certify that (I) (this hosp	ital) attended the deceased from.	1/2/ 1982	, to	19 6 1, that (I) (we) lost
E of to of 2		sow the deceased alive or	ot) view the body ofter death.	X, and that in (my) (our) opinion	death accurred on the date and hou	r and from the causes stated
OR ATT OR ATT DIRECT oched for Dept. of	100	174 ATENATURE	/	PEGREE	A BOTTOM TO THE REAL PROPERTY.	22c. DATE SIGNED
0 9 0 9 4	e .	Haula K	mune.	attending physician	MEDICAL STAFF DIRECTOR PHYSICIAN	1/21/82
SPITAL J by th VERAL be deto e State		THE PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS	- DIRECTOR - FITTSICIAIN	
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24 FUNERAL DIRECTOR

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FOR

REGISTRAR DECEASED NAME

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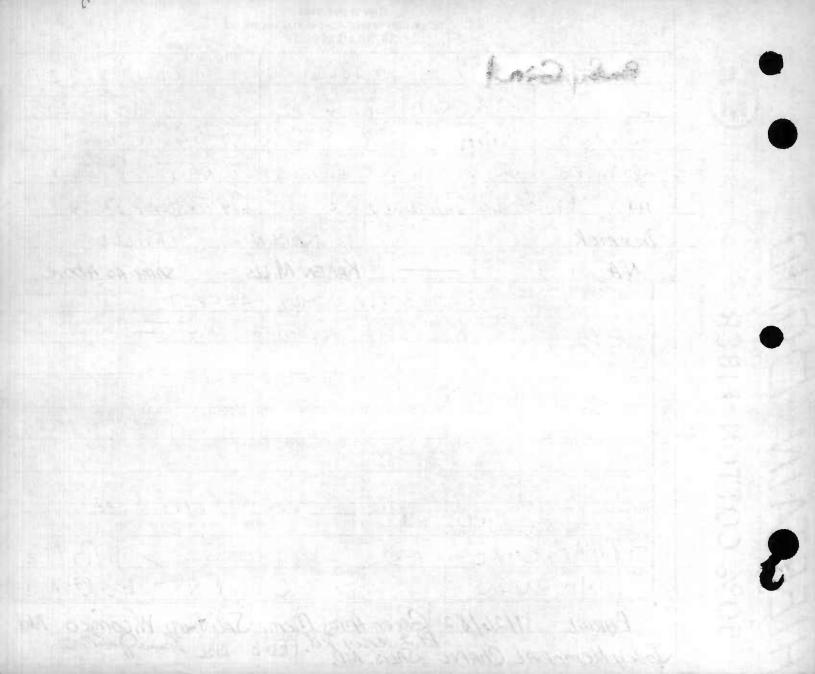
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2n DATE OF DEATH 2h HOUR 1896 & AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF LINDER ? AUCASIAN MONTH XXX 85 01 15 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWEDIXX BALTIMORE CITY **IISA** DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFET tens of hal SHOE OPERATOR SHOE CO. 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 6514 Eberle Dr 15. MOTHER'S MAIDEN NAME LAST UNKNOWN MOLLIE MILLNER 166 SOCIAL SECURITY NO. 17 INFORMANT MRS. MOLLIEADOHMAR 212-03-3676 7909 WINTERSET AVE. BALTO., MD 21208 APPROXIMATE INTERVAL Septicemia DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR P.M. 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY OFFICE, FARM ETC) STATE and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 1/14/82 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

231 NAME OF CEMETERY OR CREMATORY HERREW YOUNG MEN

23d LOCATION

SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215

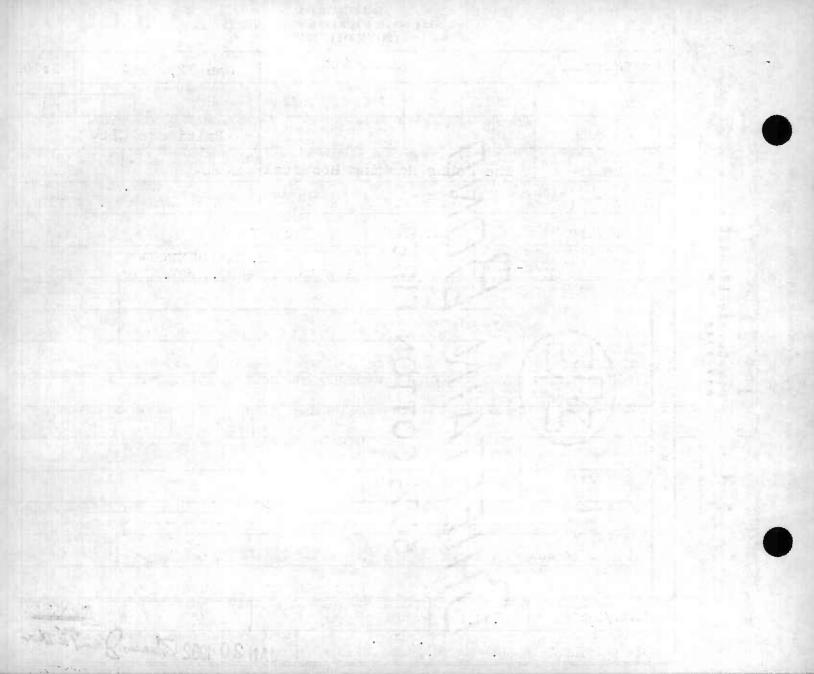
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H. W. Jenkins & Sons Co., Balto. Md.

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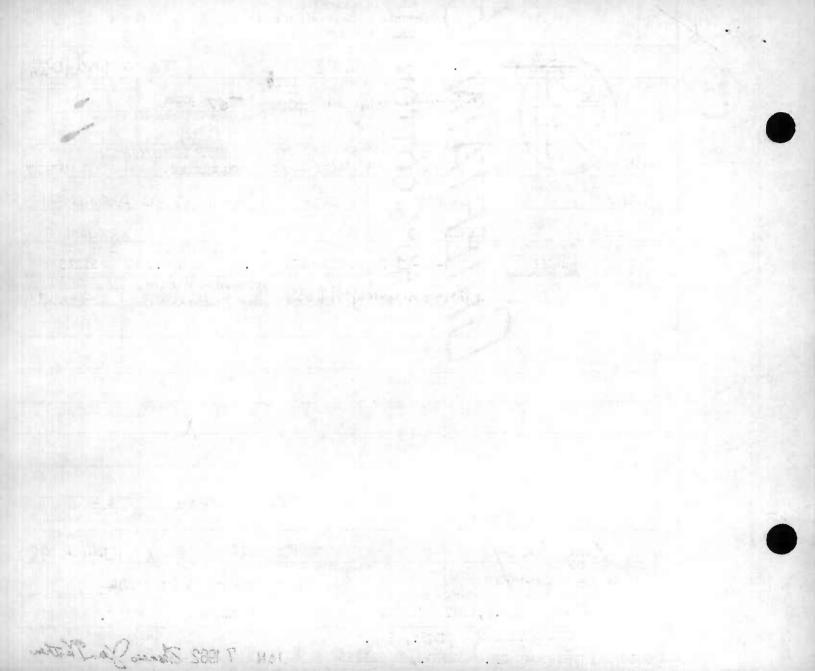
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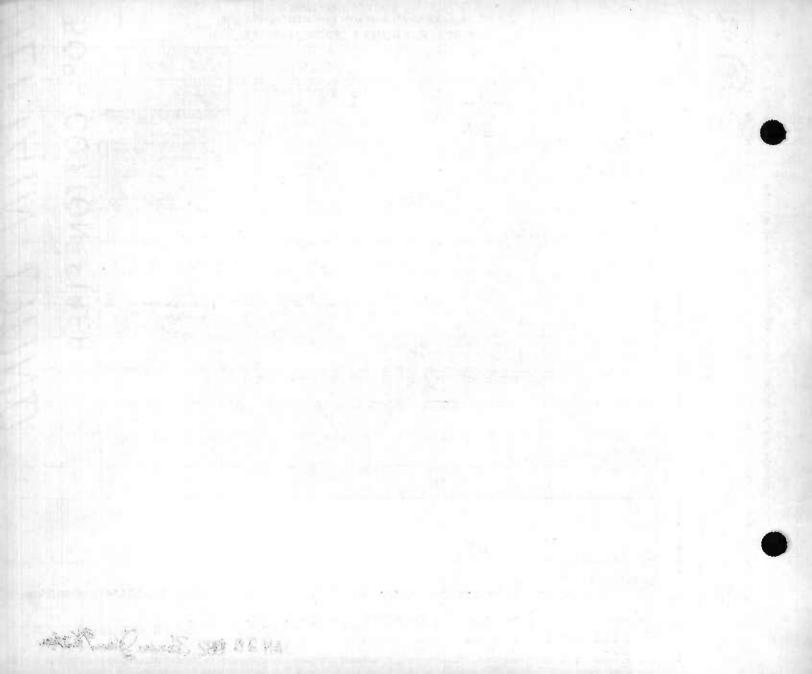
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to	1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	9 64	0 1 2 9 2
		CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
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age 4 ma	1.58	* F	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR 03 3/ 89	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS M
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de d	14. F.	ATHER'S NAME FIRST	MDDLE RLLIGTT	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
e be exe		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECTION (1997) 166 S		ADDRESS	ABOVE
law requires that the death certificat been signed by the attending physicis. Then please remove carbon papers. ior to burial, cremation, or removal. any injury, or other traumatic even	NOI	PART I DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ENCE OF DEATH BUT NOT RELATED TO THE TERM	veset AINAL DISEASE OR CONDITA ONEST 1-0	
The Last brings owns	CERTIFICATION	196 DATE OF OPERATION		operation was performed und cond compression	200 AUTOPSY? 20 IN	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
hysicil hysicil certif certif trans ntal H	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN	TEM 18, PART 1 OR PART 2)
DING PHY ttending pl After this s the burial th and Mer marked or	MED	214 INJURY OCCURRED WHILE ONOT WHILE OAT WORK	210 PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE,	FARM, ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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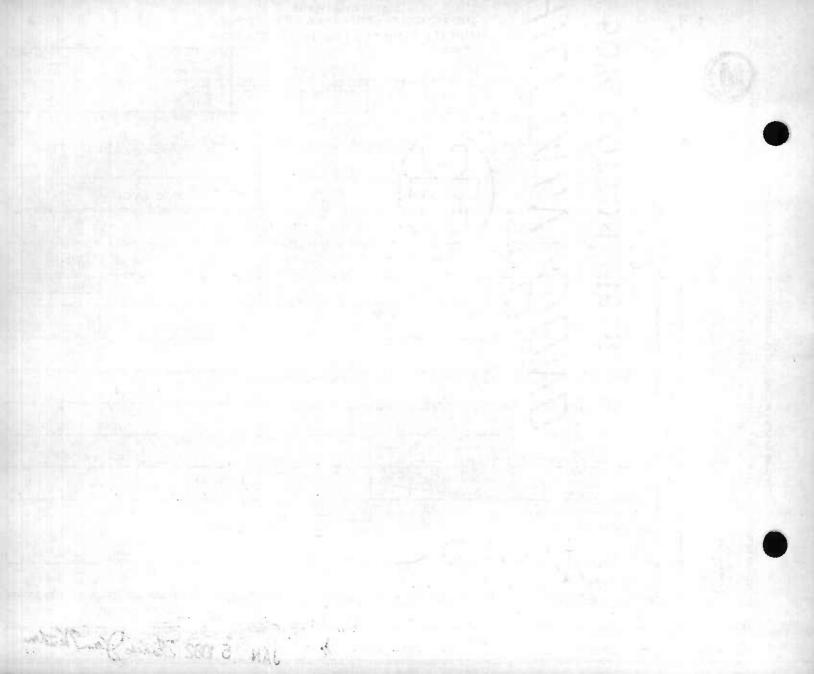
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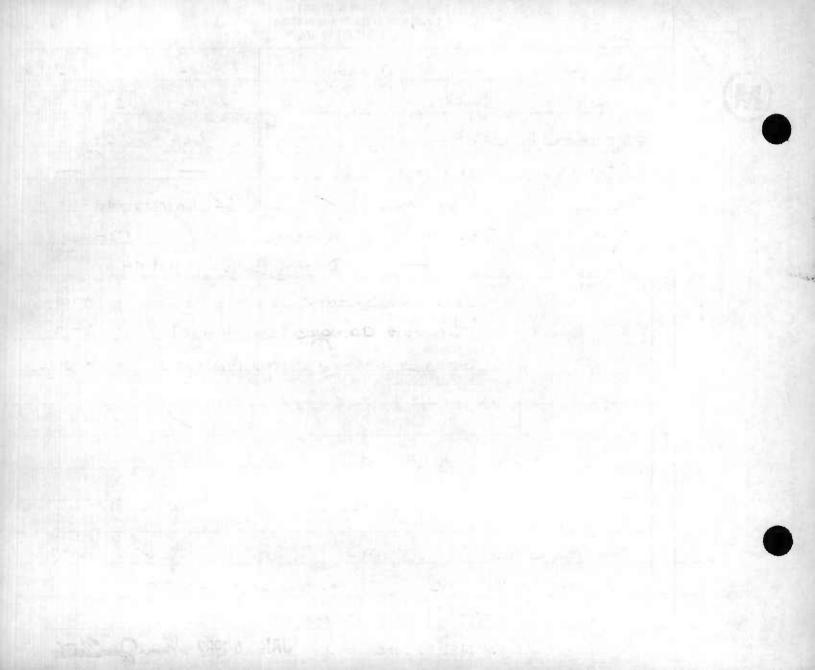
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME MIDDLE 20. DATE KNOWN X7 (TYPE OR PRINT) ESTI-Lee ROBERT MITCHELL DEATH MATED 82 19 4 RACE LAST BIRTHDAY) SEX DATE OF BIRTH & AGE (IN YEARS | IF UNDER IF UNDER 24 HRS DATE 2d. HOUR YEAR 39 PRONOUNCED 8 26 DEAD 19 82 negro male 70. BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED USA Ga. WIDOWED DIVORCED Baltimore City RETAIN PAGE 5 F HOULD BE FILED, W RECORDS, 201 W. J ID CITY OF TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! - 1034 N. Patterson Pk. Ave. Baltimore street USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) AND 2 SHOULD OF VITAL RECORD 13a. STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13. 2711 De Wego Ave. Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Davis LAST Johnnie Mitchell Willie 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS BURIAL - TRANSIT PERMIT, PAGES 1 AND MENTAL HYGIENE, DIVISION C VATION, OR REMOVAL. (YES, NO, OR UNKNOWN)
Yes (IF YES, GIVE WAR OR DATES) 2711 Oswego Ave. 257-62-7679 Paula R. Thomas Vietman 18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of chest (rifle) IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? COED TO THE CHIEF IS SHOULD BE USED. 2D AUTOPSY? TATE DEPARTMENT OF HE 21201 PRIOR TO BURIAL, YES X NO [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DA HOUR A.M. MONTH DAY YEAR 1982 Subject was shot. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION TO MEDICAL EXAMINER; THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) Patterson Pk. Ave. Balto. City Md. NOT WHILE AT WORK street X 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Hamicide X Undetermined manner death resulted fram Natural causes TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER 1-3-82 SIGNATURE 111 Penn St. EXAMINER'S NAM Ann M. Dixon. (TYPE OR PRINT) ADDRESS 23d. LOCATION 230.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial STATE "CYownsville, Md". 1/7/82 Md. Vet. Cem. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAL SIGNATIVE 24. FUNERAL DIRECTOR DHMH-17 1101 E. North Ave. Wm C March F/H (VR A15 ME (5)) 15M 2/80



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70 BI	ale negro	76. CITIZEN OF WHAT COUNTRY	AGE (IN YEARS IF UNDER 1 YR. IF UND LAST BIRTHDAY) MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD 1	1 19 82 D M
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18. GIVE PA 3. WITH FOR MIT. PAGES 1 E. DIVISION T. M.	ES, NO, OR UNKNOWN) (IF YES, GI	(227 t G GO G t) (227 t G GO G t) (23)	22-8018 Margare	et Ralbot-2000 C	dell Ave.
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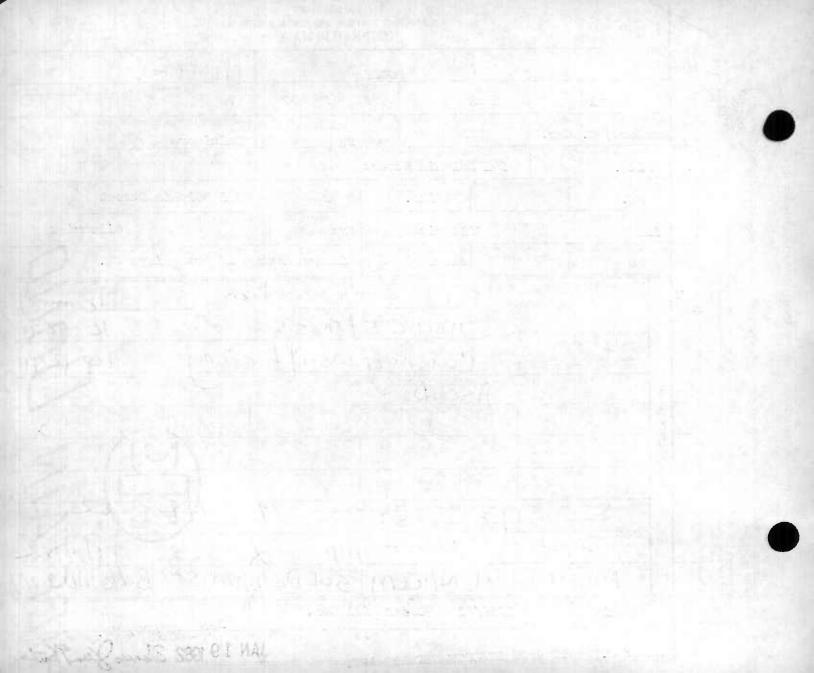
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

+ STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 2g. DATE OF DEATH MONTH 2h HOUR MARY MOODY T. SEX A RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONOH DEY 0'3'R 78 Black Female To BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Raeford, N. Car. USA Baltimore WIDOWEDE DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR 501 Dolphin Street (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balto. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13o. STATE 136. COUNTY 13c CITY OF TOWN 13d. INSIDE CITY LIMITS? 13.501ET DOTEDHIN Street Md. YES T NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Gilchrist Gilchrist Frances Will 16b SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 215 22 3905 William Monroe 18 Drawbridge Ct. 18 CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a. nosis Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OF YES A CONSEQUENCE OF Insu underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OF CONDITION GIVEN IN PART LIG CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (aur) apinian death accurred an the date and hour and Iram the causes stated abave, (1) (we) (did) (did nat) view 22b. SIGNATUR DEGREE ATTENDING MEDICAL PHYSICIAN! PIRECTOR PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL (SPECIF **Burial** 1/16/82 23d. LOCATION COUNTY 24 FUNERAL DIRECTOR

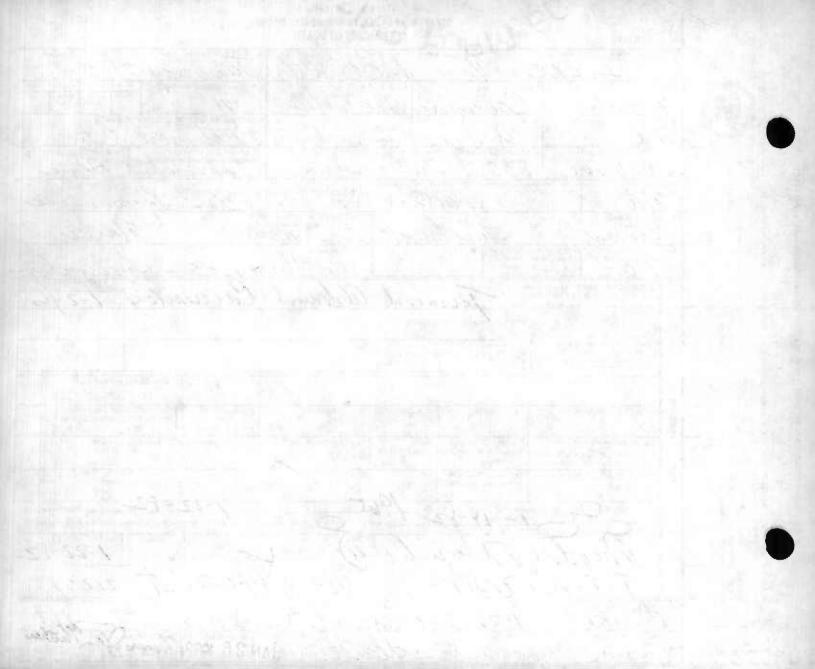
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LEROY O. DYETT 4600 LIBERTY

ADDRESS



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mand cor Pages 1 at	160	VAS DECEASED EVER IN U.S. ARMED	PFORCES? 166 SOCIAL SECURITY NO 12 INFORMANT ROPDATES)	ADDRESS (1)
ORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 aw requires that the death certificate be executed within 24 hoursen signed by the attending physician and completely filled in by Then please remove carbon papers. Pages 1 and 2 should be filed or to burfal, cremation, or removal. any rijury, or other traumatic event, the medical examiner must	z	Canditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last	101 an empt (Wed Dolon	ERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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250. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE

FOR STATE

24. FUNERAL DIRECTOR

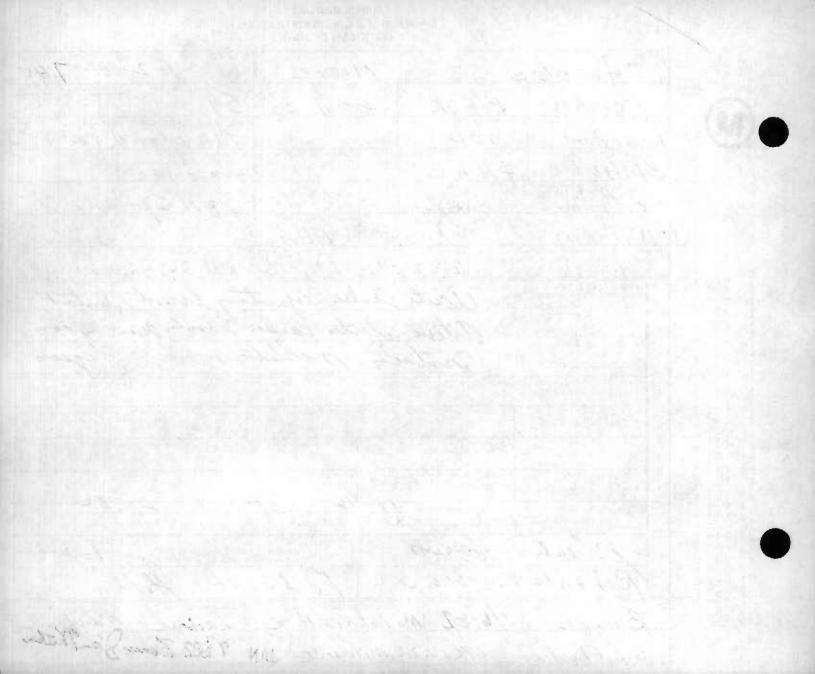
Thomas Funeral Home

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ORDS, 201 W. PRESTON ST., BA requires that the death certificate een signed by the attending physic it. Then please remaye carbonpope for to burial, cremation, or remayal injury, or other traumatic event, t	NO	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost.		Cardio Reg relentio Ca	HE TERMINAL DISEASE OR CON	Plans years Dition Given in Part 110
VITAL REC	AL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	200 AUTOPSY? YES NO OCCURRED (ENTERNATURE OF INJUIT	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NOT NOT NOT NOT NOT NOT NOT NOT N
TENDING PHYSICIA into or ottending pilots. After this certifor use as the buriality or use as the buriality theolth and Mental is marked or term	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospit sow the deceased alive an	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE al) ottended the deceased from	FARM, ETC.) 211 LOCATION STREET	CITY OR TO	COUNTY STATE 2 8 2 that (I) (we) last ate and haur and from the causes stated
O HOSPITAL OR AT etoined by the hosp TO FUNERAL DIRECT should be detoched to with the Stote Dept. or	1	above, (1) (we) (did) (did not 27b. SIGNATURE 27d. SHYSICIAN'S NAME (1/2 col	View the body after death. V. Horomo PRINT . DEGREE ATTEN		FF 221. DATE SIGNED	
562BP-		OF THEOLOGICAL SPECIAL CREMATION, REMOVAL SPECIAL DIRECTOR	23b. DAYE /82 23c.	NAME OF CEMETERY OR CREM d. Nat. MEAR. Pai	R. Laure	e Margarie
DHMH - 16 50M 1/B1 (VRA 15, 4)	101	ENAME, OD	ADDRESS ADDRESS	as anone ch	250. DATE REC'D. BY REGISTRAR	marks .



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

JAN 191982 Theres Family Later

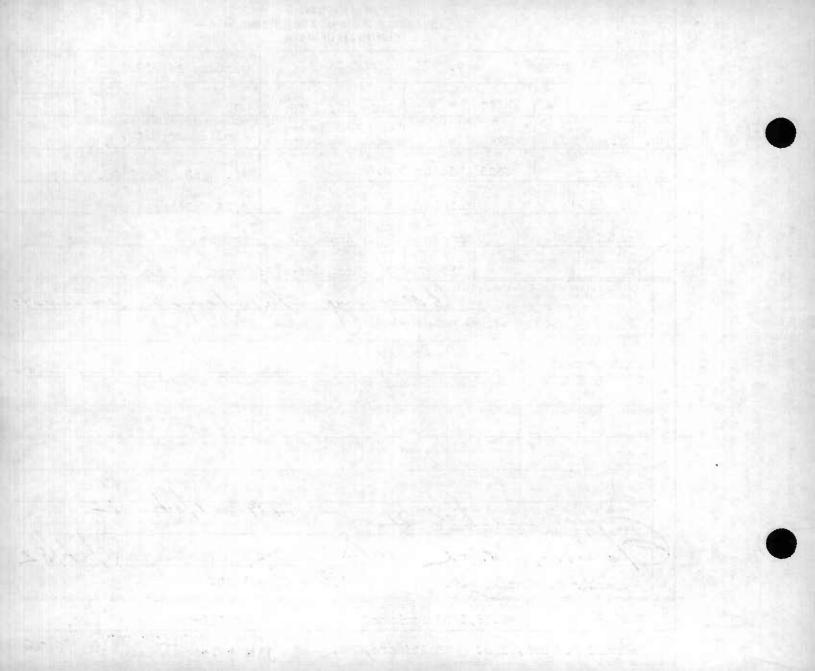
	1 - STATE REGISTRAR			DEPAR		HEALTH AND MENTAL HYO	GIENE O Z.	0	10	0 3
F	DECEASED NAME	HARRY		E.		IOORE	January 1	MONTH DA		25. HOUR
1	SEX		4 RACE	TION TOWN		OF BIRTH	A AGE INTERESTRE		F UNDER STEAR	#3050ER Zaribb
	Male	3.44	White		Jul	y 16, 1909	72	YRS	Owner Darp	HOURS I MAK
1	W. Va.	k folksom	L CHIZEN OF	WHAT COUNTRY	7 E	ED X NEVER MARRIED	Baltimore city	OR COUNTY O		
1	Baltimore		4625	Walther	Ave.	OR OTHER INSTITUTION	Ret. Beth.	OF WORKING LEE	INDUSTRY	F BUSINESS OR
3	75UAL RESIDENCE IN HU Ta. STATE Md.	13b COUN		The CHYOR TO	WN	YES X NO	13e STREET ADDRESS 4625 Walt	her Av	enue	
1	E FATHER'S NAME		1000	CASE		15. MOTHER'S MAIDEN NA	ME		140	(6)
1	Francis			loore		Anna	Frances		Tipma	
1	MAS DECEASED EVE (193. NO DE IMPROVIN)		MED FORCEST WAR ON DATED	213-07-		Mrs. Anita S	. Moore	Same		W. Carl
	pare rise to in course (a), that inderlying course PART 2 OTHER SIE	ing the	lel_	# AS A CONSEQUENCE TO		NOT RELATED TO THE TERM	SINAL DISEASE OR CON	DITION GIVE	N PART To	
	I In ACCREM WAS U	ATION	1% COND	ITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	794 AUTOPSY7		WERE FINDIN	
	OR CONTRIBUTING [CAUSE OF DEAT	p.	M. MONTH I	DAY YEAR	214. HOW INJURY OCCUR	RED. (ENTER HATURE OF HUL	er in them 10, east	F) CHEMNET TO	
	21d NURY OCCUP			OF INJURY BET PACIFIED DIVICE	FARM, ETC.)	211. LOCATION	CAY ON TO	1	COUNTY	State
1	170.1 certify that I	red alive on ided (dist not	Sle	offer death.	Plyo	ATTENDING PHYSICIAN DISCOUNT OF THE PER PER PER PER PER PER PER PER PER PE	MEDICAL STA	FF		
1	BURIAL CREMATION	REMOVAL	JIM DATE			EMETERY OR CREMATORY	23d LOCATION			
-	Burial		Jan.18	,1982 Pa	rkwood	đ	Baltimor	0	COUNTY	STATE

Baltimore, Md.

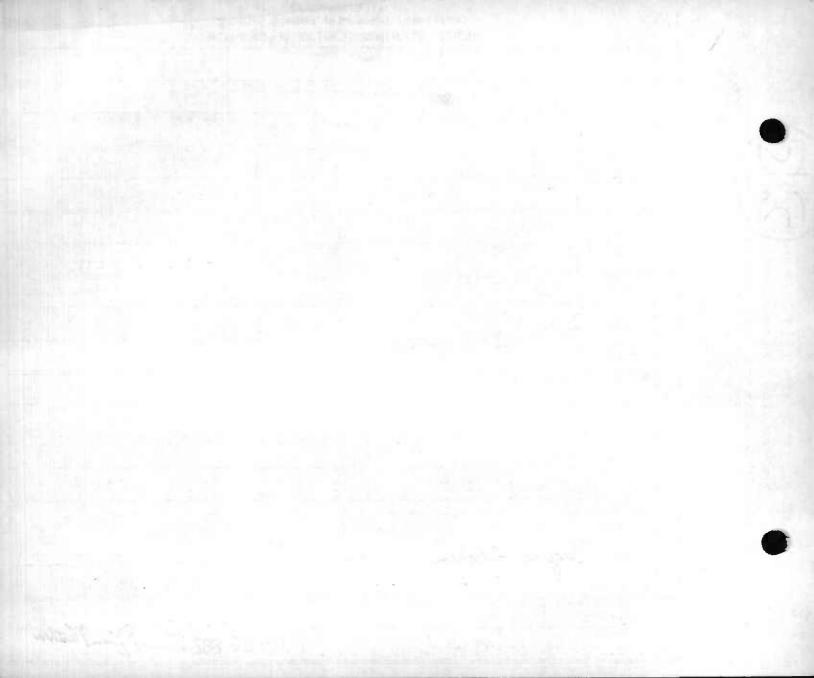
DHMH - 16 50M 1781 (VRA 15, 4)

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc.



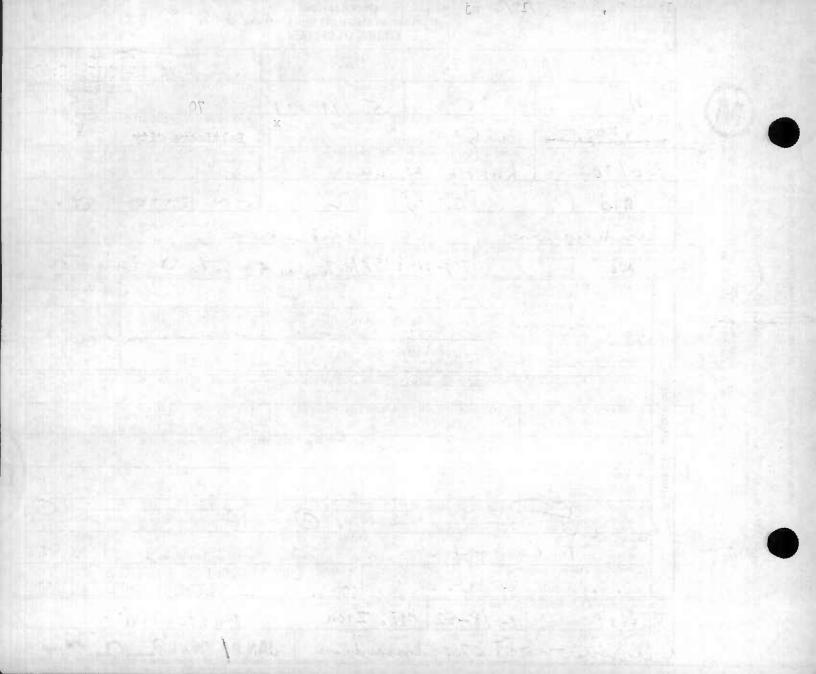
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DECESSED NAME	1-	STATE							TH 4	DEC	NO	1 0	0	0
Jarvis J		CEASED NAME	FIRST		WIDOLE		LAST	2		KNOWN		TH DAY	YEAR	2b HO
The BRITHPLACE 15-TABLE OF THE PROPERTY OF THE BRY THE				is		1	Moore			MATED	Πì	23	1982	
The Birthplace ishate of N.C. A. CITIZEN OF WHAT COUNTRY? AMARRIED NEVER MARRIED Saltimore City or Country of Death Saltimore City			5. DATE OF BIRTH	O'C SERT	HDAY) MON			RONOU	VCED			YEAR 19 82	2d. HO	
III. CITY OR TOWN OF DEATH III. MAME OF HOSPITAL, NURSING MOME OR OTHER INSTITUTION III. USUAL OCCUPATION THROUGH OR BUSINESS OR INDUSTRY III. WHICH MOMENTAL WITH OR BUSINESS OR INDUSTRY III. WHICH WORK IN III. WHICH MOMENTAL WITH OR MOMENTAL WITH OR MOMENTAL WITH INDUSTRY III. WHICH WORK IN III. WHICH WORK I	7a B	RTHPLACE ISTATE O						RRIED 🔲			_	JNTY OF		
DISOLAR RESIDENCE (# IN HUNGSHICH COUNTY BESTEVENCE GOTE ADMISSION) 13d. INSIDE CITY LIMITS 13d. STREET ADDRESS COLVIN St. H. FATHER'S NAME		Baltimore		Joh	ns Honkins	ME, OR OT	HER INSTITUTION	12a. USU/	AL OLCU	PAHON (TYPE OF WO	S I The VK	IND OF BU OR INDUSTI	JSINESS RY
JOHN H. Moore Henrietta BCyd Be WAS DECEASED EVER IN U.S. ARMED FORCES? IVES, NO. OR UNKNOWN) IN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) Complications of bilateral subdural hematomas DUE TO, OR AS A CONSEQUENCE OF UE TO, OR AS A CONSEQUENCE OF UE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OLAH BUT NOT RELATED TO THE TERMINAL DISEASE OR (ONDITION GIVEN IN PART 1 DR. 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS HOUR AM. MONTH DAY YEAR 101. INJURY OCCURRED WHILE 170. THE SIGNIFICANT CONDITIONS CONTRIBUTING TO OLAH BUT NOT RELATED TO THE TERMINAL DISEASE OR (ONDITION GIVEN IN PART 1 DR. 210. LOCATION SIRRET 2 YEAR 12/29 19 81 fell in street 211. INJURY OCCURRED WHILE 2 YEAR 12/29 19 81 fell in street 2 YEAR 12/29 19 81 fell in street 212. LOCATION SIRRET 222. L'ORT TOWN 222. L'ORT TOWN NOTH HE TOWN NOTH HE SIGNED 1/25/82 ACTUAL SIGNATURE ACTUAL SIGNATURE DATE SIGNED 1/25/82	3a 5	IAIE	13b. COUNT	ROTHER INSTITUTION, GIV	VE RESIDENCE BEFORE AOMI	ISSION)	13d. INSIDE CITY LIMITS?	13e. STRE	JADDR	Co.	lvin	St	•	
NO NO WINKNOWN (**YES, GNE WAR OR OATES) N/A Louise Garrett 125 N. Colvin St. **PROXIMATE RATE (**) **PART I DEATH WAS CAUSED BY: Complications of bilateral subdural hematomas **Conditions, if ony, which gove rise to immediate couse (o) stoling the underlying couse lost. **DUE TO, OR AS A CONSEQUENCE OF (c) **PRET 2 DIRER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I IG. **TO DIE TO, OR AS A CONSEQUENCE OF (c) **DUE TO, OR AS A CONSEQUENCE OF (John			Moore		Henr	ietta	٨			Воз	y'd'	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: COMP lications of bilateral subdural hematomas	17	ES NO OR UNKNOWN												
PART I DEATH WAS CAUSED BY: Complications of bilateral subdural hematomas	IN	10			N/A		Louise	Garre	tt .	L25 I	N. C	OTA:	in St	t.
DATE SIGNATURE Value 12/29 19 81 Fell in street	NO			CONTRIBUTING TO OFFINE	BUT NOT RELATED TO THE TI	ERMINAL DISEA	SE OR CONDITION GIVEN IN	PART 1 (a).						
UNDERLYING OR CONTRIBUTING OR COUNTRY STATE OR CONTRIBUTING OR COUNTRY STATE OR COUNTRY OR COUNTRY OR COUNTRY STATE OR COUNTRY OR CO	IFICAT	190 DATE OF OPE	RATION	196 CONDIT	TION FOR WHICH OP	PERATION V	WAS PERFORMED?			9.		20		
220. I certify that I took charge of the remains described above, held an Autopsy , Inspection XX Inquiry , and in my apinion death resulted from: Natural causes , Accident XX Suicide , Homicide , Undetermined monner , ACTUAL SIGNATURE MAD ASSISTANT MEDICAL EXAMINER SIGNED 1/25/82		UNDERLYING CONTRIBUTING 214. INJURY OCCU	OR CAUSE OF D	PEATH ? XPXM	MONTH DAY YE 12/29 19 DE INJURY (ATHOME	81 fe	11 in stre	et	CITY OR TO	wn		COUNTY		STATE
SIGNATURE M.D.ASSISTANT MEDICAL EXAMINER SIGNED 1/25/82)	death resulted fro					, Homicide				ond in my	opinion		
		SIGNATURE	lugin	a Zor	lan .		M.D. <u>Assistan</u>				SIG	NED		'82_
	(5	Burial					Mem. Pk.	Ba	ltir	nore	_	CO		
24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 349. REGISTRAR 149. REGISTRAR 1	W	m. C. Ma	arch I	F/H 110	1 E. Nor	th A	ve. 14	N 26	1982	gran	ces >	and	MULLE	



GI.	_ FOR	18a-22a Fi	llm G565	3/30/82 ISTA	TE OF MARYLA	ND SENTAL HYGIE	NEC 2	013	0.7
	- STATE REGISTRAR			DICAL EXAMIN			TOTAL BOTTOM	NO.	
	(TYPE OR PRINT)		dney	WIDDLE	Moor	'e	20. DATE KNOWN OF ESTI- DEATH MATED	X	2b. HOUR
P E E E	3 SEX	4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHD	ARS IF UNDER 1 YR. AY) MONTHS DAYS		PRONOUNCED	MONTH DAY	Zd. HOUR
CESSARY MERAL DI COR YOU DISTRICT	BIRTHPLACE FOREIGN COUNTR Mary la	black (STATE OR (P)	7. CITIZEN OF WH		8. MARRIED NE	EVER MARRIED X	Dal+im	22 19 OR COUNTY OF DEAT NOTE CITY	82 2:51 H PM
NE S S S S S S S S S S S S S S S S S S S	Baltin	N OF DEATH	11. NAME OF HOS	PITAL, NURSING HOMI CILITY, GIVE STREET ADDRESS) SITY HOSPI	- 500	DIVORCED L UTION 12a. L	USUAL OCCUPATION (TO OR MOST OF WORKING LIFE)		MD. F BUSINESS SUSTRY
ND. 21201 I. IF ANY DE 2, AND 3 4 3. RETAIN 2 SHOULD	USUAL RESIDENCE 130. STATE LAND	E (IF IN NURSING NOW) O	ROTHER INSTITUTION, GIV	RESIDENCE BEFORE ADMISSI 13c. CITY OR TOWN Baltimor	ON)	CITY LIMITS? 130-S	TREET ADDRESS Bantry Cou	rt	
ORE, MD. AGES1, 2, RM PM.3. 1 AND 2 S	James	ME	WIDGIE	oore LAST	Geor		Ma e	Brown	
IN ST., BALTIMORE, MD. A HOURS AFTER DEATH. IF EM 1B. GIVE PAGES 1, 2, NG WITH FORM PM. 3, FERMIT. PAGES 1 AND 2 S. REINE, DIVISION ON THAL ALL	160. WAS DECEAS (YES, NO, OR UNKI NO	SED EVER IN U.S. ARA NOWN) (IF YES, GIVE V	AED FORCES? WAR OR GATES)	214-64-04		s Moore	24 Bantry		
201 W. PRESTC UTED WITHIN 2 IN PENCIL IN II EXAMINER ALG EXAMINER ALG JAL - TRANSIT PO JAC	Condition of the course of the	DEATH WAS CAUSED IMMEDIAT ians, if any, which rise ta immediate (a) stating the under- ause last. SIGNIFICANT CONDITIONS (E CAUSE (a)	AS A CONSEQUENCE AS A CONSEQUENCE	OF	ON GIVEN IN PART 1 (0).		BETWEEN	DNSET AND DEATH
BIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECT RITING THE WORD "PENDING" REDED TO THE CHIEF MEDICAL RES SHOULD BE USED AS A BUR THE SHOULD BE USED AS A BUR THE SHOULD BE USED AS A BUR THE SPEARTMENT OF HALTH AND THE STATING TO BURIAL, CREMATIC	190. DATE C	OF OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION WAS PERFOR	RMED?		2D AUTO	PSY?
SINISION OF VITAL REPORTS SERTIFICATE SHOULD STINIG THE WORD "PER SED TO THE CHIEF M RE 3 SHOULD BE USED A E 10 PRIOR TO BRINAL, C STINIGHT OF HEAD STINIGHT OF		NAL CAUSE WAS NG OR TING CAUSE OF D		MONTH DAY YEAR	21c. HOW INJURY	Y OCCURRED (ENTI	ER NATURE OF INJURY IN ITEM I		
DIVISION THIS CERT WRITING VARDED 'A AGE 3 SHATE DEP	UNDERLYIN CONTRIBU 21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
DIVISION OF TO MEDICAL EXAMINER: THIS CERTIFICATE EXECUTE THE CERTIFICATE, WRITING THE WAGE 4 SHOULD BE FORWARDED TO THE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR JO		ulted fram: Natur	e of the remains described as a causes E,	cribed abave, held an Accident , Su		icide Und SPEC IFY)	Inquiry , c	DATE 1/23	/82
O MEDIC XECUTE AGE 4 S O FUNEI FITER DE	EXAMINER' (TYPE OR P	RINT)		A. Korell			enn Street,	Balto.MD 21	201
PD BP DHMH-17 (VR A15 ME (5)) 15 M2 780	Buria 1 24. FUNERAL DIR		1/27/82 ACICIRESS		wetery or cremate view Cemet th Ave.	C	Baltimore By REGISTERS 250	COUNTY COUNTY	STATE

The state of the s

		tems 7a,8 g564 a FOR STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0 1 3	08
1		DECEASED NAME FIRST	EORGE T.	MORAN	MANAANOO X	ONIH DAY YEAR 2b	2:40p
		M M	White	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTH	YRS.	UNDER 24 HRS
	51	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland CITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	Baltimore CITY OR	City	М
in be lind	3	Balto. UAL RESIDENCE (IF NURSING HOME)	CHENOT IN SUCH FACILITY, GIVE STRE	1cme	120 USUAL OCCUPATIO		USINESS OF
thin 24 h	130	STATE 13b. COL		WN 13d. INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN N	13e. STREET ADDRESS	xter st	,
colexonia	0	FIRST	ARMED FORCES? 166 SOCIAL SEC	linkna	MIDDLE	LAST	
rate be execu		N6	GIVE WAR OR DATES) 319-01	-835 H. Taylor	5 M. Citter &	2. Diect	
es that the death certific red by the attending phy please remove carbonpa prial, cremation, ar remov , an attent traumatic event				SPIRATORY ARREST JENCE OF LUNG CANCER W TA JENCE OF	ITH METASTAS		
low requires is been signermit. Then e prior to bb	CERTIFICATION	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED	20a AUTOPSY?	ITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	S USED
NG PHYSICIAN: The ottending physicion fifer this certificate has the burial-transit p it and Mental Hygien orked or liem 18 show	MEDICAL CERTIF	OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH (19	YES NO NO RED (ENTER NATURE OF INJURY	YES 🗌	мо 🔲
DING PHY or ottend After this e os the both and A morked or morked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a L costifue that (1)	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION STREET 82	city or towi	N COUNTY 82	STATE
by the hospital by the hospital ERAL DIRECTOR. e detoched for up State Dept. of Hem 21 is		saw the door on all to o obove, (1) with the did n	on 01 - 13 - 19 - 19 - 19 - 19 - 19 - 19 - 1	DEGREE	death occurred on the date	e and hour and from the cou	
TO HOSPITA retained by TO FUNERA should be de with the Stat	720	DR. J. KANANA	KAWAJA M.D.	22e ADDRESS CHURC 100 N. BROAL	CH HOSPITAL C DWAY BALTIMOR		1231
302BP	1	SPECIFY) FUNERAL DIRECTOR		NAME OF CEMETERY OR CREMATORY 17. Zien	Balto.	MdCounty	STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)	1	1: NAME	oft 27/20 400864	200.00	AN 9 1 1002	b. REGISTRAR'S SIGNATURE	



		FOR			S1 DEPARTMENT O		MARYLAND	TAL HYGIEI	ر ج	0.1	3 0	9
3	1 - :	STATE REGISTRAR			DICAL EXAM				ATL	0 1		
	1. DEC	EASED NAME	FIRST		WIDDLE		LAST		20. DATE KNOWN	NO.	DAY YEAR	26. HOUR
23 55 55 F.	(TYPI	OR PRINT	JOSEF	PH	(1)		MORECRAF	Т	OF ESTI- DEATH MATED		3 19 82	
RY, PLEASE DIRECTOR. OUR FILES. ON STREET.	3. SEX	4	I. RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF U	VDER 1 YR. IF L	JNDER 24 HRS.	2c. DATE	MONTH	DAY YEAR	2d. HOUR
☆ 元 元 元 元 元		ale	white	Feb. 12,	1922 59	YRS.	HS DAYS HO	DURS MIN	PRONOUNCED DEAD	1	3 1982	6:05 a
SESSEAN PROPERTY AND SESSEAN P		RTHPLACE (STA	TE OR	76. CITIZEN OF WH	AT COUNTRY?	8. MARR	IED NEVER	MARRIED &	9. BALTIMORE CIT	Y OR COUNT	Y OF DEATH	1145
Z HOW Z		ryland		1154				IVORCED	Baltimo			MD.
S 1 2		TY OR TOWN O	OF DEATH	(IF-NOT IN SUCH FA	PITAL, NURSING HO		HER INSTITUTION		MOST OF WORKING LIFE)	TYPE OF WORK	OR INDUST	
30.30	Bal	timore !	E IN NURSING HOME O	South Bal	to. Gen.	Hosp.	(DOA)		heet Meta	Lworke	er, Beth.	Steel
ORE, MD, 21201 DEATH, IF AND 3 GES 1, 2, AND 3 RETAR 1 AND 2 SHOULD OF VITAL PEOPE	139/151	ryland	13b. COUN		Battimo	re	13d. INSIDE CITY LI YES XXX N	MITS? 13. ST	2 Belt St	Balto.	Md.	
MD. MD. M. 3.	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S	MAIDEN NAM	E MIDDLE		LAST	
ORE, M		Harry			Morec	raft	C	atherin	e	- 6	Bandeman	
BALTIMORE. S. AFTER DEA! GIVE PAGES PITH FORM PP PITH FORM PP INISION OF VI	16a. W	AS DECEASED S, NO. OR UNKNOW	EVER IN U.S. ARA	WAR OR DATES)	16b. SOCIAL SECUI		17. INFORMAN		ADDR			
					217-16-0	307	Mrs. Do	ris (ag	e, Same a	s above		
ON ST., B 24 HOURS ITEM 1B. G TONG WITH PERMIT. P GIENE, DIN		PART I DEA	TH WAS CAUSED	NOV.	far (a), (b), and (c).)	05041					APPROXIMATI BETWEEN ONSE	T AND DEATH
PRESTON THIN 24 H CIL IN ITEM HER ALON ANSIT PER AL HYGEN REMOVAL		420	7 DIMMEDIAT		AS A CONSEQUENCE		<u>cardic</u>	vascuta	ar disease			
WITHIN NCIL IN INDER A VINER A			, if any, which	4)							A 6 3 -	
W. W		cause (a) s	to immediate tating the <u>under</u> -	DUE TO, OR	AS A CONSEQUENC	E OF						
RDS, 201 V EXECUTED NG" IN PI O'AL EXAL BURIAL - H AND MEI WATION, G		lying cause	e last.	(c)								
F VITAL RECORDS, TE SHOULD BE EXECT WORD "PENDING" HE CHIEF MEDICAL DE USED AS A BUR ENT OF HEALTH ANI DE BURIAL, CREMATIC	N	PART 2 OTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTING TO OEATH	RUT NOT RELATED TO THE T	ERMINAL DISEAS	E OR CONDITION GIVE	EN IN PART 1 (a).				
LINE JUD E HEAAHED A	CERTIFICATION	19a. DATE OF C	OPERATION	19b. CONDIT	ION FOR WHICH OF	PERATION W	AS PERFORMED)?			20 AUTOPSY	?
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N THE STAND	CAL CER	210 EXTERNAL UNDERLYING CONTRIBUTING				AR 21c H	OW INJURY OC	CURRED (ENTER	NATURE OF INJURY IN ITEM	A 18 PART 1 OR PAR	T 2)	
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20-2-2		death resulted		al causes $oxed{\boxtimes}$	Accident .	Suicide	Hamicide	1	Inquiry L., termined manner	and in my api	inian	
CERTIFIAND BE DIRECT WANTH WARYLIN			L .	0			TITLE (SPEC		Jermined manner			
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AEDIC CCUTE SE 4 SI FUNOR	-	EXAMINER'S N	IAME)	M D: /								
TO MEDICAL E. EXECUTE THE C. BAGE 4 SHOULD TO FUNERAL D. AFTER DEATH, N. BALTIMORE, M.		(TYPE OR PRIN	T)Anr				ADDRESS		Penn St.			
1404	23a.BU	PECIFY) Buri	ON, REMOVAL 2	Jan. 8. 198	23c. NAME OF C B2 Md. Vet			23d. Le	OCATION	coyn	TY	ATE
BP	24. FL	INERAL DIRECT		jan.0, 190	2 Ind. Vet	· ent	(rownsv		Y REGISTRAR 256 R	e, //k	aryland	
DHMH - 17 (VR A15 ME (5))	M	d'ully	Funeral	Home. 130	E. Fort Av	e. Balt		JAN	2 1984	Name &	an less	den .
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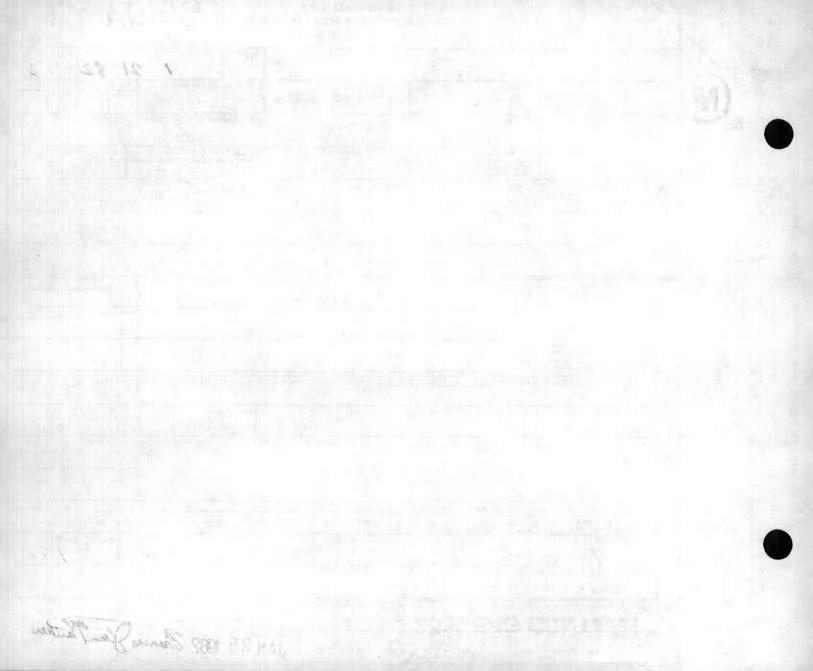
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(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

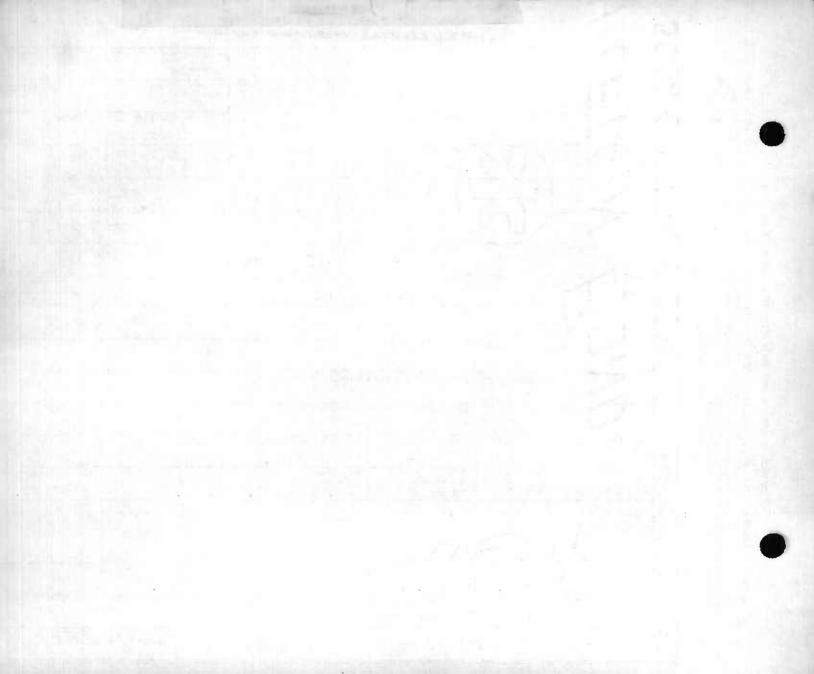
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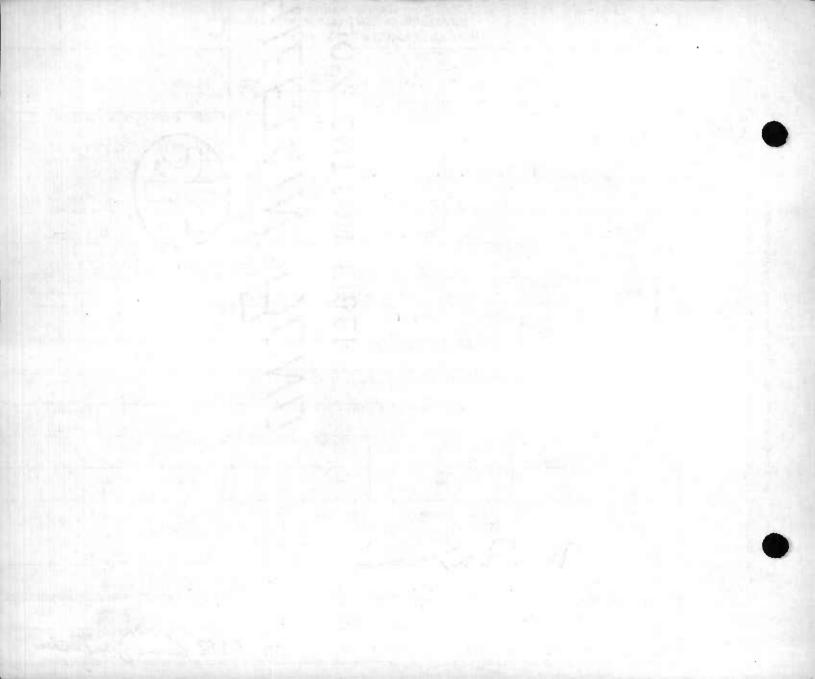
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6	m -	I DE		FIRST	MIDDLE		AST		REG. N		
	(Ball)		E OR PRINTI					20	DATE OF DEATH		YEAR 2b. HOUR
	(関) と	I. SE		MIE 4. RACE	, P	ORRIS				1-28-82	12:09AM
	1 90 0	1. 50	Female		ite	5. DATE (YEAR	AGE (IN YEARS LAST BIR	THDAY) IF UNDER MONTHS	PYEAR IF UNDER 24 HRS. DAYS HOURS MIN.
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_	11 20	11.0	Baltimore		OF HOSPITAL, NURSING SUCH FACILITY, GIVE STREET	ADDRESS)		TION 12	USUAL OCCUPATION OF WORK FOR MOST OF	ON 125 K	IND OF BUSINESS OR
120		UsU	AL RESIDENCE (IF NURSING	HOM OR OTHER INSTITUT	ION GIVE RESIDENCE BEFORE	EADMISSIONII			Home I'd	irer	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, OF PHYSICIAN. The local control of	0.1		YES, NO OR UNKNOWN) (and the state of t	214-18-	3730	Mrs. Es.	telle.	M. Sandrio	lge - 7331	Kirtley Rd
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ST.,	a ph	3	IM	MEDIATE CAUSE (a)	ACUTE KENA	IL LAI	LURE				
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EST	one other		Conditions, if any, w	hich (b)	WITH PROB	ABLE	ACUTE PAP	PILLARY	NECROSIS		
å. 1	1 1 1 1		gove rise to immed couse (a), stating		OR AS A CONSEQUE	ENCE OF			434-1		
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	for af h		saw the de tro	Edid nat view the ba		82	d that in (my) our)	opinion deat	h accurred on the do	te and hour and tra-	m the couses stated
S S S	on bolike choiched choiched Dept.	a.	774 SIGNATURE	A 1	VIMILE		DEGREE			22c.	DATE SIGNED
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2	5 £ ₹ ₹ ₹ <u>*</u>	23a E	BURIAL, CREMATION, REA			NAME OF C	EMETERY OR CREM		23d. LOCATION		
2000	-BP	- 3	SPECIFY Burial	1-31-			en (hruci		CITY OR TOWN	green (o	. Va. STATE
DH	MH - 16 50M 1/81			7 1		0.	0.5		C'D. BY REGISTRAR		
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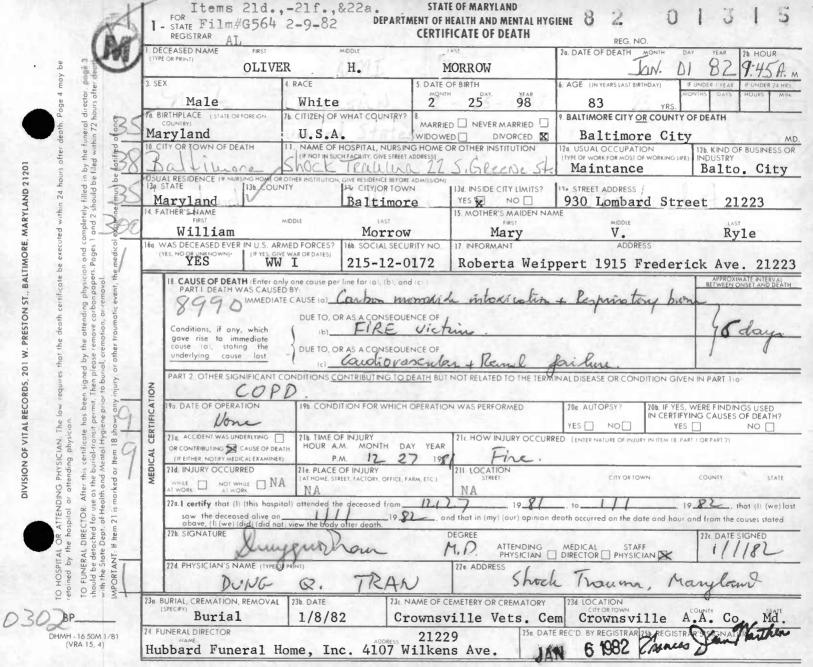
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	1-	FOR STATE REGISTRAR			STATE DEPARTMENT OF TOTAL DICAL EXAMIN	HEALTH A		19 010	O REG. NO.	1	3 1	3
25 E 45 E	1. DE	CEASED NAME	FIRST HERESA		MIDDLE S.	MOI	RR I S	I OF	KNOWN K		DAY YEA	
ARY, PIEAS OIN, FIEAS OIN, FIES OIN, FIES OIN, FIES		emale neg	S. DA	ATE OF BIRTH	7 4 4 AGE (IN YE.	ARS IF UNDI		MIN. PRONOL DE A	INCED D	1 1	14 ₁₉ 8	AR 21 HBUR 2:50
S NECESSA FUNE 5 FOR W, PRESI	FC	RTHPLACE (STATE OR PREIGN COUNTRY)		U	HAT COUNTRY?	WIDOWE		ED D Bal	morecity or .timore	City		MD.
ST., BALTIMORE, MD. 21201 KOURS AFTER DEATH. IF ANY DELAY IS NEG A 1B. GIVE PAGES 1, 2, AND 3 TO THE FUN G WITH FORM PM. 3. RETAIN PAGE 5 F MIT. PAGES 1 AND 2 SHOULD BEFLLED, W WE, DIVISION OF WITH RECORDS, 201 W. F		Baltimore	Ur"	r NOT IN SUCH FA	PITAL, NURSING HOME CILITY. GIVE STREET ADDRESS) TY HOSP I Tal	(DOA		FOR MOST OF WI	UPATION (TYPE O	F WORK 12	OR INDU	
F AND 3 RETAIN RECORD	13a. S	MD	COUNTY	R INSTITUTION, GE	Ball timor	e 13	Sd. INSIDE CITY LIMITS? YES NO	13e. SREES ADDI	Carey	St.		
DEATH IF SES 1, 2, W PM 3. AND 2 SI DEATH IF SES 1, 2, W PM 3. AND 2 SI DEATH IF SES 1, 2, W PM	17	William	Ľ,	417.00	Morris		Joann	N NAME		rumw	vrigh	t
T., BALTIMORE, UNRS AFTER DEA PAGES I WITH FORM PAGES I AND PAGES	16a. V (Y	VAS DECEASED EVER IN ES NO. OR HNKNOWN) (IF NO	U.S. ARMED F YES, GIVE WAR OR		N/A	Y NO.	Joann Dr	umwrigh	t 1005	N.	Pays	on St.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S. GERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, REGED TO THE CHIEF MEDICAL EXAMINER ALONG W RE. 3 SHOULD BE USED AS A BURIAL "TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DOI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	Conditions, if any gave rise to im cause (a) stating the lying cause last.	which mediate e under-	DUE TO, OR (b) DUE TO, OR (c)	Smoke in as a consequence of as a consequence of as a consequence of the series of the term	OF OF		R7 1 (a).				
SHOULD E SHOULD E OND "PEN CHIEF ME E USED A' BURIAL, CF	CERTIFICATION	190. DATE OF OPERATIO			TION FOR WHICH OPER						20 AUTOP	
JON OF THE CATH THE CATH TO THE POULD HOULD ARTMEI PARTMEI PAR	MEDICAL CE	210. EXTERNAL CAUSE UNDERLYING OR CONTRIBUTING CAI 216 INJURY OCCURRED WHILE NOT WHAT WORK AT WORK	JSE OF DEATH	1:58M 21e PLACE C STREET, FACT	X 1-14- 1982		EET	CITY OR T	OWN	COUNT		STATE Md.
MEDICAL EXAMINER: ECUTE THE CERTIFICATE SE 4 SHOULD BE FOR FUNERAL DIRECTOR: IER DEATH, WITH THE LIMORE, MARYLAND,			Natural cau	oses D,	Accident , Su	Autapsy icide,	Hamicide X,	Undetermined of MEDICAL EXA	manner ,	in my apin DATE SIGNED.	1-14	-82
Bb——	(URIAL, CREMATION, REM Burial		19/82	231. NAME OF CE/ Westvi		m. Pk.	Balten	nore	coMis		MD
902 DHMH-17 (VR A15 ME (5))		uneral director n. C. Marc	h F/H	1°1°0°	1 E. Nort	h Ave	250. DATE	1 1 8 1982	RAR PER REGIST	RAI'S SIG	11/1/20	en.



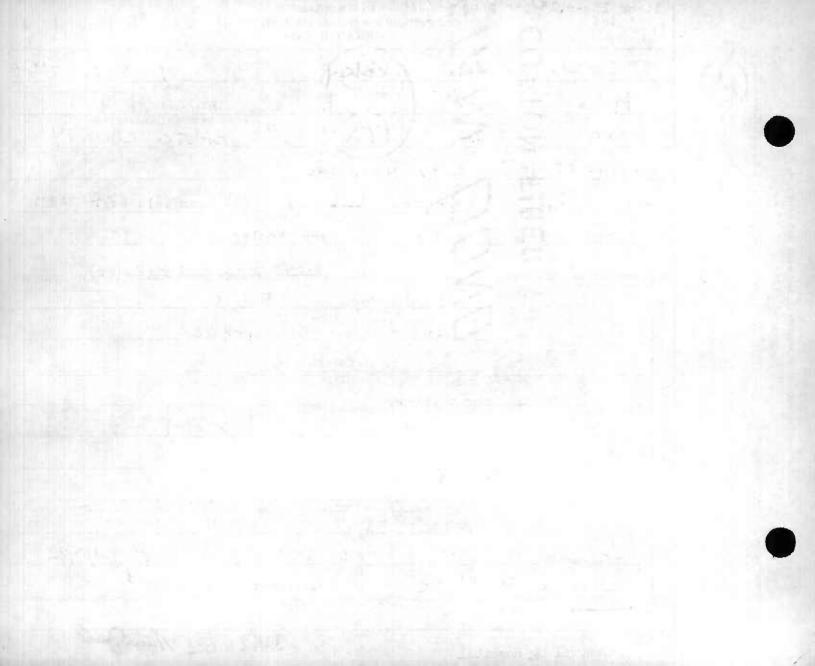
	FOR STATE REGISTRAR			DEPARTMENT OF	NER'S C	ERTIFICATE O	F DEATH REC	G, NO.	3 1	
	ECEASED NAM	E FIRST	N	H.		R I SON	20. DATE KNOW OF ESTI- DEATH MATE		2 182	2b. HOUI
3. SI		4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTH	YEARS IF UNE	DER 1 YR. IF UNDER		MONTH 1	2 19 82 2 19 82	2d. HOU 2:25
. 70.	nale BIRTHPLACE (S FOREIGN COUNTRY) Georg		76. CITIZEN OF WE	AT COUNTRY?	3.0	D 🔀 NEVER MARR			NTY OF DEATH	
10.0	ITY OR TOWN		11. NAME OF HOS	PITAL, NURSING HOA CILITY, GIVE STREET ADDRESS . N. Gay S	ME, OR OTHE		12a USUAL OCCUPATION FOR MOST OF WORKING LIFE	TYPE OF WORK		
S130.			OR OTHER INSTITUTION, GIV	RESIDENCE BEFORE ADMIS 134. CITY OR TOWN Glen Burni	SION)	3d. INSIDE CITY LIMITS? YES NO [13e. STREET ADDRESS 456 Longto	own_Cou	urt	
2 2	ATHER'S NAM Willia	m	WIDDLE	Morrison	n	15. MOTHER'S MAID FIRST Inez	MIDDLE	4	William	S
160.	YES, NO, OR UNKNE	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECUR		7. INFORMANT		RESS	20+1 0	
-	No 18 CAUSE O	OF DEATH (Enter or EATH WAS CAUSE	nly ane cause per line	N/A for (o), (b), and (c).) repertensive	7/4	,	liam Morrison	1 II W.		TE INTERVAL
AND MEN ATION, O	lying co		(c)	AS A CONSEQUENCE		OP CONDITION GIVEN IN PA				
8						or condition diven in 77	RT 1 (a).			
CATION	19a. DATE OI	OPERATION	19b. CONDIT	ION FOR WHICH OPE			RT 1 (a).		20. AUTOPS	1?
AL CERTIFICATION	210 EXTERN	AL CAUSE WAS	21b. TIME OF	INJURY MONTH DAY YEA	ERATION WA	S PERFORMED?	RT 1 (0). D (ENTER NATURE OF INJURY IN ITI	EM 18 PART I OR P	YES 🛣	но <u>П</u>
MEDICAL CERTIFICATION	216 EXTERN UNDERLYING CONTRIBUT	AL CAUSE WAS G OR ING CAUSE OF	21b. TIME OF HOUR A.M DEATH P.M 21e PLACE C	INJURY MONTH DAY YEA	21c. HO	S PERFORMED?			YES 🛣	
	210 EXTERN UNDERLYING CONTRIBUT: 21d. INJURY WHILE AT WORK 220 cert death result	AL CAUSE WAS G OR ING CAUSE OF OCCURRED NOT WHILE AT WORK Ify that I look char-	21b. TIME OF HOUR A.M DEATH P.M 21e. PLACE C STREET, FACT	INJURY . MONTH DAY YEA . 19 DF INJURY (AT HOME, ORY, FARM, ETC.)	21c. HO	S PERFORMED? W INJURY OCCURRI ATION REET Inspectio Hamicide , TITLE (SPECIFY)	CITY OR TOWN Inquiry Undetermined monner		YES X	но 🗆
MEDICAL CERTIFICATION	210 EXTERN UNDERLYING CONTRIBUTE 21d. INJURY WHILE AT WORK	AL CAUSE WAS OR NG OR NG CAUSE OF OCCURRED NOT WHILE AT WORK Ify that I took char- ted from: A Natu	21b. TIME OF HOUR A.M DEATH P.M 21e PLACE C STREET, FACT	INJURY . MONTH DAY YEA . 19 SF INJURY (AT HOME, ORY, FARM, ETC.) cribed obove, held on Accident , S	21f. LOC Stiring Autopsy	S PERFORMED? W INJURY OCCURRE ATION REET Inspectio Homicide TITLE (SPECIFY) ASSISTA	CITY OR TOWN	C	YES X	но 🗆





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		FOR dad STATE REGISTRAR	per pine		NENT OF H	EALTH AND MENTAL HYG CATE OF DEATH	GIENE 8 2	0 1	3 6
nov be	1. DE- (TYPE	CEASED NAME FIRST Christoph		AIDDLE	N OS		20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR 748 M DER 1 YEAR IF UNDER 24 HRS
4 B 1 A		M		W	MONTH	7 8Z	2days	YRS	
長 25 多		RTHPLACE ISTATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	BALT BALT		CINTY MD.
ofter d with	10 C	BA JIMORE		HOSPITAL, NURSIN HEACILITY, GIVE STREET,	ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST C		b. KIND OF BUSINESS OR IDUSTRY
MARYLAND 21201 ed within 24 hours of mpletely filled in by ond 2 should be file exomine finust be to	USU. 130 S	AL RESIDENCE (IF NURSING NOME OF TATE 186 COUNTY OF THE CO	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 634 Mansf	ield	21221
MARY14 ted within ted within one letely one 2 sh	14 FA	THER'S NAME EIRST Alfred Euge	MIDDLE	Moslev		15 MOTHER'S MAIDEN NA FIRST Mary Mos	ME MIDDLE		LAST
		AS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI Eugene Mosle		27)
PRESTON ST., BALTIMORE, he death certificate preview emove corban paper emove corban paper emovion, or removol er traumotic event, the medical		18 CAUSE OF DEATH (Enter on PART), DEATH WAS CAUSE IMMEDIAT	D BY	Card RAS A CONSEQUE	1000	piratony F	orhage		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. Or the series of the series	_	cause (0), stating the underlying cause last	((c)	ONTRIBUTING TO E	ľ	rematurity NOT RELATED TO THE TERM	ninal disease or con	DITION GIVEN IN	PART I(a)
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN. The low requires th oftending physicion. Ifter this certificote has been signed it os the buriol-tronsit permit. Then pleo th and Mental Hygiene prior to buriol or ded or trem 18 shows ony injury, are	CERTIFICATION	190 DATE OF OPERATION	4	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEF IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
ON OF VITAL R. IVSICIAN. The I. ding physicion. Is certificate has buriol-tronsit per Mentol Hygiene or frem 18 shows	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.	m. month da m.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART I O	R PART 2]
DIVISION ING PHY r offendia differ this os the bu lith and M	MED	21d INJURY OCCURRED WHILE OOT WHILE OF AT WORK	21e PLACE ((AT HOME, STR	OF INJURY BET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TO		DUNTY STATE
TENDI or TOR: A or use of Heol		220. I certify that (I) (this hospi saw the deceased alive an abave, (I) (we) (did) (did no	/A 1		82, ar	d that in (my) (our) opinion	,	ote ond hour and	
he De Person		22b. SIGNATURE	m. n	the		MD ATTENDING PHYSICIAN [MEDICAL STA	FF S	1/9/82
O HOSPITAL etioned by the etioned by the TO FUNERAL It should be deto with the Stote I WARDRIANT; If		22d. PHYSICIAN'S NAME (TYPE O		Nogee		Baltimus	re Gly H	ospilal	
₽₽ <u>₽₩≯₹</u>	23a E	BURIAL CREMATION REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUN	TY STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24. F	ineral director Removal by	/ Hospit	al		25 5A	RES'D BY REGISTRAR N 2 9 1982	25% EGISTR (PS	SUCMOTURE C.



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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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4	FOR 1 - STATE REGISTRA	.R		DEPARTMENT	OF HEALT	MARYLAND H AND MENTAL CERTIFICATE	Comp Sing	0 1	3 1	9
	1. DECEASED N (TYPE OR PRINT)	AME FIRST		MIDDLE		LAST	20. DATE KN	OWN TO MONTH	DAY YEAR	2b. HOUR
1.3000000	3 SEX	Tamm'	y Jar 5. DATE OF BIRTH		(IN YEARS IF U	Urphy NDER 1 YR. IF UNDE	DEATH M.	ATED AMONTH	5 19 82 DAY YEAR	M
ON STAN	Female		8/12/69			THS DAYS HOURS	R 24 HRS. 26. DATE MIN. PRONOUNCE DEAD	111011111	5 1982	2:50 P M
EGESSAR NERAL ID FOR YOU WITHIN 73 PRESTON	FOREIGN COUN Maryl	TRY)	76. CITIZEN OF WE			RIED NEVER MARI	RIED 🔼	E CITY OR COUP	NTY OF DEATH	
PRE, MD. 21201 DEATH. IF ANY DELAY IS NECESSAP W PM 3. RETAIN PAGE 5 FOR YOU AND 3 SHOULD BE FILED, WITHIN 73 DANTAL RECORDS, 201 W PRESTON	ID. CITY OR TO	whof Death more	11. NAME OF HOS (IF NOT IN SUCH FAI Univers	PITAL, NURSING I	IOME, OR OT	HER INSTITUTION STU	12a USUAL OCCUPAT FOR MOST OF WORKING Student	TION (TYPE OF WORK	12b. KIND OF BI OR INDUST	
21201 TANY D RETAIN RECORD	130. STATE Md.	NCE (IF IN NURSING HOME OF NORTH NOR	Arundel	13c. CITY OR TO	omission) NN	13d. INSIDE CITY LIMITS? YES NO D	130 STREET ADDRESS 802 MacSh	nerry Dr.	21012	
MD.	14. FATHER'S N		MIDDLE	LAST		15. MOTHER'S MAID			LAST	
DREAL DREAL	Edward		M.	Murphy		Ramona	Jan	e	Trice	
T., BALTIMORE, MINGS AFTER DEATH WITH FORM PMINT FORM PMINT PAGES 1 TO PAGE 2 TO PAGES 1 TO PAGE 2 TO PAGES 1	no no	ASED EVER IN U.S. AR/ NKNOWN) (IF YES, GIVE	WAR OR DATES)	16b. SOCIAL SEC		Mr. and M	rs. Edward	Murphy (same as	13e)
L RECORDS, 201 W. PRESTON ST., BALTIMORE, A ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH "PENDING" IN PENCIL IN ITEM 18. GIVE PRGES 1 F MEDICAL EXAMINER ALONG WITH FORM PM ED AS A BURIAL-TRANST FERMIT. PAGES 1 AND HEALTH AND MENTAL HYGIENE, DIVISION OF VII, CREMATION, OR REMOVAL.	> 8 Canna gave caus lying	IDEATH WAS CAUSED IMMEDIATE dittons, if any, which to rise to immediate e (a) stating the under- cause last. RER SIGNIFICANT CONOTTIONS	(b)	AS A CONSEQUE	NCE OF	Trauma SE OR CONDITION GIVEN IN P.	ART 1 (a).		BETWEEN ONSE	TANDERIN
VITAL RI SHOULD ORD "PE CHIEF A E USED, I OF HE	19a. DATE	OF OPERATION	196. CONDIT	ION FOR WHICH	OPERATION V	VAS PERFORMED?			20. AUTOPSY	
DIVISION OF VITAL IIS CERTIFICATE SHOUI WRITING THE WORD " ARDED TO THE CHIEF GGE 3 SHOULD BE USE THE PRIOR TO BURIAL 201 PRIOR TO BURIAL	CONTRIE 21d. INJU	RNAL CAUSE WAS TING XXOR UTING CAUSE OF E RY OCCURRED NOT WHILE XX AT WORK	DEATH 1: 15P.M.	MONTH DAY	YEAR 9 82 SU ME. 211. LC	bject fell DCATION STREET	off paralle city or town rm Rd. & Haver	el bars	DUNTY	STATE
DIVISION OF VITAL RI TO MEDICAL EXAMINER: THIS CERTFICATE SHOULD EXECUTE THE CERTFICATE. WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 0	death re	certify that I tack chargesulted from: Natur	e of the remains desc	cribed abave, held Accident XX,	Suicide		Undetermined manne	Arunde and in my of the ser	el Co., N	Md.
BP	230. BURIAL, CRE (SPECIFY) Burial 24. FUNERAL D	MATION, REMOVAL 2: RECTOR	3b. DATE 1/9/82	Glen	Haven	Memorial 25 25 DATE	23d LOCATION CITYOR TOWN Glen Burn REC'D. BY REGISTRAR	nie A	A. Was	TATE
DHMH-17 (VR A15 ME (5)) 15M 2/80	George	J. Gonce	F.H. 4001	Ritchie	Hgwy.	14	N 8 1982	Conces of		

THE REPORT OF THE PARTY OF THE I go stad viger Mana an inte x Section of the State of the Sta - STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Burial 3/1/62 11/4 Monn * * 1 * 1 Shashipewell flight Asolino Ederse IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the medical ex

	1.	FOR - STATE REGISTRAR	DEPART	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 3 2	0	1 3	2 1
		CEASED NAME FIRST E OR PRINT) Samuel	Allen Naylo:	r. Si	LAST	Jan. 7,	MONTH DAY	Y YEAR	26 HOUR 759
	3. SE		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
		male	white	Jai	THDAYYEAR_	76		NIHS DAYS	HOURS MIN.
0	20 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRI	ED NEVER MARRIED	9. BALTIMORE CITY O			
-		aryland	U.S.A.	WIDOW		Baltimor	e Cit	У	MD.
1		altimore	11. NAME OF HOSPITAL, NURSING STREET Baltimore Ci	ADDRESS)	or other institution ospital	12a USUAL OCCUPATION OF COMMON	ON DE WORKING LIFE)	INTENTICEDIA	BUSINESS OR Driver
5	130	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW Balti	E ADMISSION IN NOTE	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	ell A	ve.	
-	14. FA	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA				
C	W	illiam Henry			Alice Al	lverta "Ha	ines	LAS1	
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECUL 218-0		17. INFORMANT 0 Ida June	Naylor (wi	ss sam	e as	# 13
		18 CAUSE OF DEATH (Enter on	nly ane couse per line for (o), (b), ar	id ic				APPROXIA BETWEEN O	MATE INTERVAL
		PART I. DEATH WAS CAUSE	/ 1 / 7 -	My	ocarline Pu	tunde		1-2	minte
		Conditions, if any, which gave rise to immediate couse to, stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) ASC	av				20 4	ear.
			(c)						
	NOI	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	DEATH BU		Mal DISEASE OR CONI			
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	YES NO	20b. IF YES, W IN CERTIFYIN YES [G CAUSES	GS USED OF DEATH? NO
		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I		211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (I) (this hospit saw the deceased alive an	tal) attended the deceased from	Felo 81	nd that in (my) (aur) opinian o	ta, ta,	te and haur or		hat (I) (we) last auses stated
		226. PHYSICIAN'S NAME (TYPE O	-ani mo		DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF	F	221. DATE S	182
		Iva AV	hovers m.	9-	2000 Dd	ell Ave			
		Burial, CREMATION, REMOVAL	23b. DATE 23c. 1	Cres	EMETERY OR CREMATORY Lawn emetery	23d LOCATION CUTYOR TOWN Howard	Count	ounty Ma	ryland

Home

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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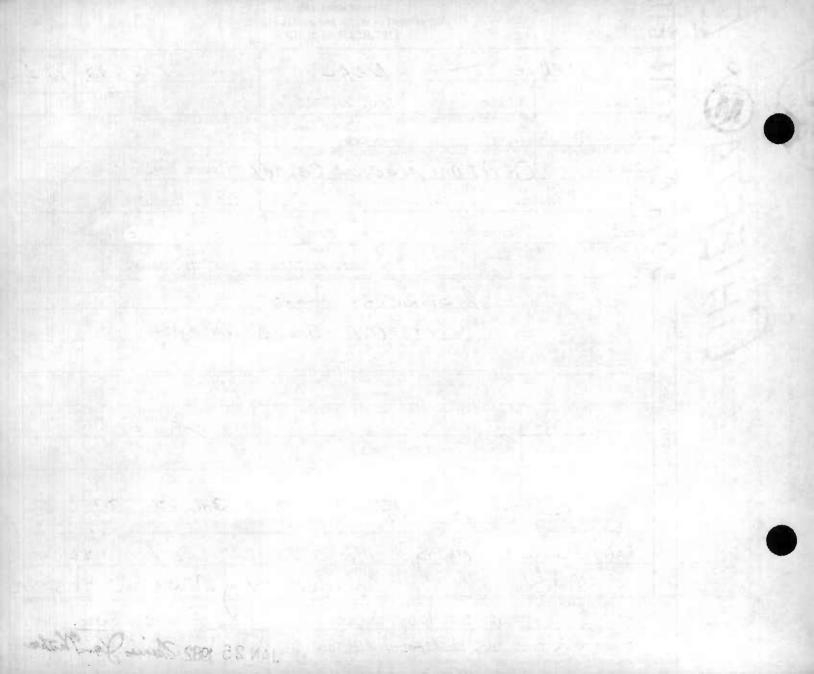
DHMH - 16 50M 1/B1 (VRA 15, 4) 24 FUNERAL DIRECTOR Raymond C

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



	1			STATE OF MARYLAND		
	1	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0 1 3 2
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FOR - STATE

REGISTRAR

DECEASED NAME

DHMH-16 30M 2/B0

(VRA 15, 4)

INDUSTRY 13e STREET ADDRESS
2612 HARFORD ROAD NELSON RICHARDSON 1129 MCALEER APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) COUNTY STATE and that in (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE/SIGNED BALTIMORE COUNTY BURIAL 1/9/82 BALTO. CEM. 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRARS SIC W.C.MARCH F/H 1101 ODRE NORTH AVE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

2h HOUR

HOURS

2b. KIND OF BUSINESS OR

2a. DATE OF DEATH

		2	1	STATE OF MARYLAND
		0	1	STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH
				REGISTRAR CERTIFICATE OF DEATH REG. NO.
. 6	1	/	1. DEC	CEASED NAME FRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
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	0 - 0	2	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED
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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE OF MARYLAND

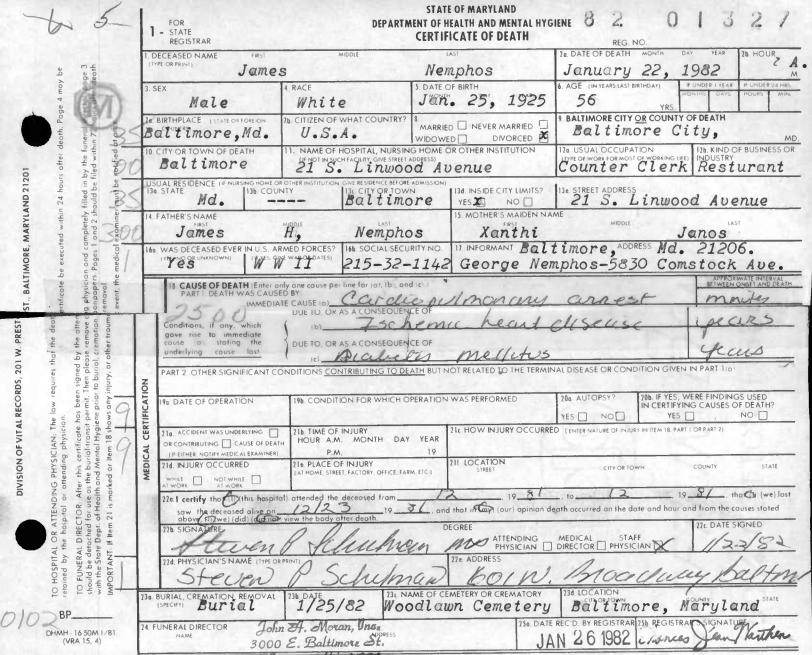
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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(VRA 15. 4)

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6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS BALTIMORE CITY OR COUNTY OF DEATH Balto. City 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE! Ret. Cashier 13e. STREET ADDRESS 3504 parkside Drive Warden ADDRESS Leta Mae Newport, 3504 Parkside Dr. APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT Chano PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 5400 Old Court Rd. 23d. LOCATION COUNTY STATE 1-11-82 Balto., Md. 24 FUNERAL DIRECTOR Md. 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATU DHMH - 16 50M 1/81 Leonard J. Ruck, Inc., 5305 Harford Rd., Balto. AN (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

LAST

REG. NO

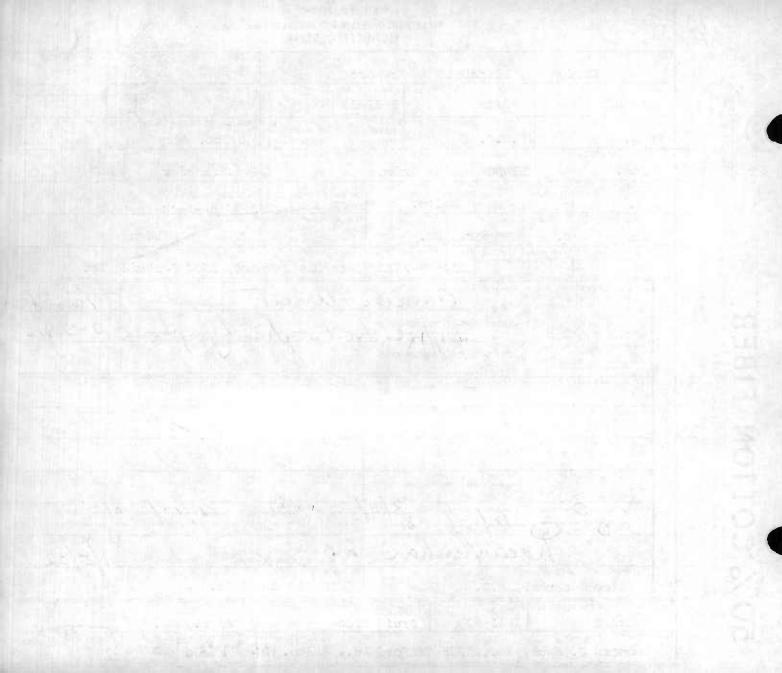
26 HOUR

20 DATE OF DEATH MONTH

- STATE

REGISTRAR

DECEASED NAME



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EXAMINER: JID BE FOR DIRECTOR: WITH THE S ARRYLAND,		220 I certify		e of the remains de	scribed abave, hel	dan Autaj	osy . Inspection	n K. Inquiry	, and in my	apinian	
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PAGE PAGE TO	23a. f	BURIAL, CREMAT	ION, REMOVAL 2			OF CEMETERY O	ADDRESSOR CREMATORY	23d LOCATION CITY OR TOWN			
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STATE OF MARYLAND

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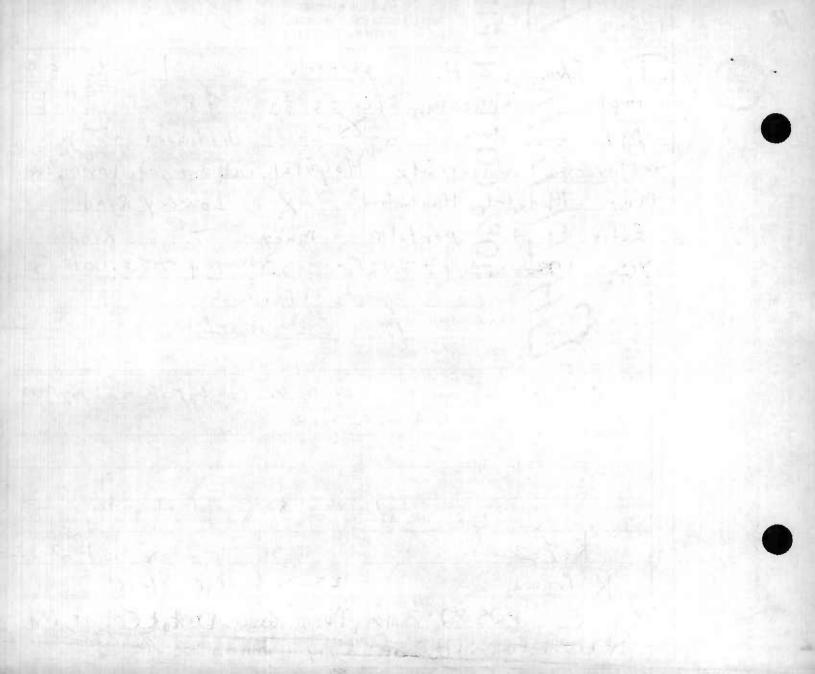
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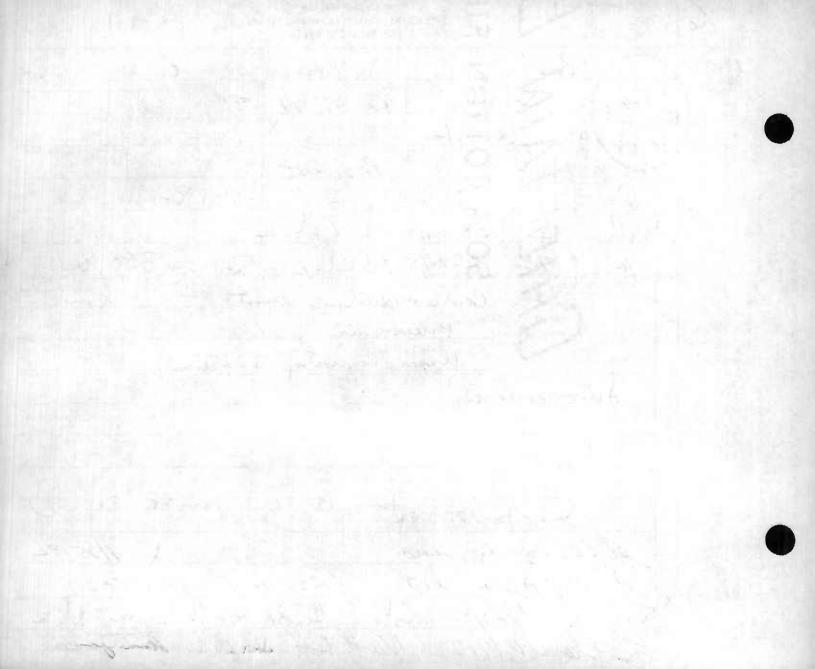
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Anthony hord Calto., Mc.



STATE OF MARYLAND



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	REGISTRA DECEASED N TYPE OR PRINT)	AME FIRST		MIDDLE .	NEK 3	LAST	2a. DA		MONTH D		2b. HOUR
) 3.	SEX	4. RACE	5. DATE OF BIRTH MONTH DAY	May 6. AGE (IN LAST BIRTH	YEARS IF UN		ER 24 HRS. 2c. D	TH MATED ATE DUNCED		8 19 82 AY YEAR	2d HOUR 3:10P
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10		WN OF DEATH		PITAL, NURSING HOA			12a USUAL OC	Itimore CUPATION (TYPE WORKING (IFE)		KIND OF BU	MD.
	Balti BUAL RESIDEN	MOTE VCE (IF IN NURSING HOME 113b. COUN	218 N.	Collingt	on Ave		House	wife	hou	sehol	
	FATHER'S N	ld. Bala	ti.	Baltimor		13d. INSIDE CITY LIMITS: YES NO [15. MOTHER'S MA	218 N.	Collings	ton Ave		
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		RNAL CAUSE WAS ING OR BUTING CAUSE OF		INJURY MONTH DAY YE	AR 21c. H	OW INJURY OCCUR	RED LENTER NATURE C	F INJURY IN ITEM 1897	ART 1 OR PART 2)		NO SA
1	u	RY OCCURRED NOT WHILE [AT WORK	21e PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CITYO	RTOWN	COUNTY		STATE
		certify that I too char esulted from:	or at the remains den	e, held on	Autop Vicide —	, Hamicide TITLE (SPECIFY)	Undetermined	monner .	DATE	1/19	/82
1			nas D. Smi			ADDRESS	Penn St.		., Md.		
	Chemas FUNERAL D	ion IRECTOR THE ATU FUN	1-20-81 ADDRESS	We stvie		natonu	123d. LOCATION Balt TE REC'D. BY REGIS	TRAR 125h REGE	COUNTY	STUR JAS	TATE

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

- STATE

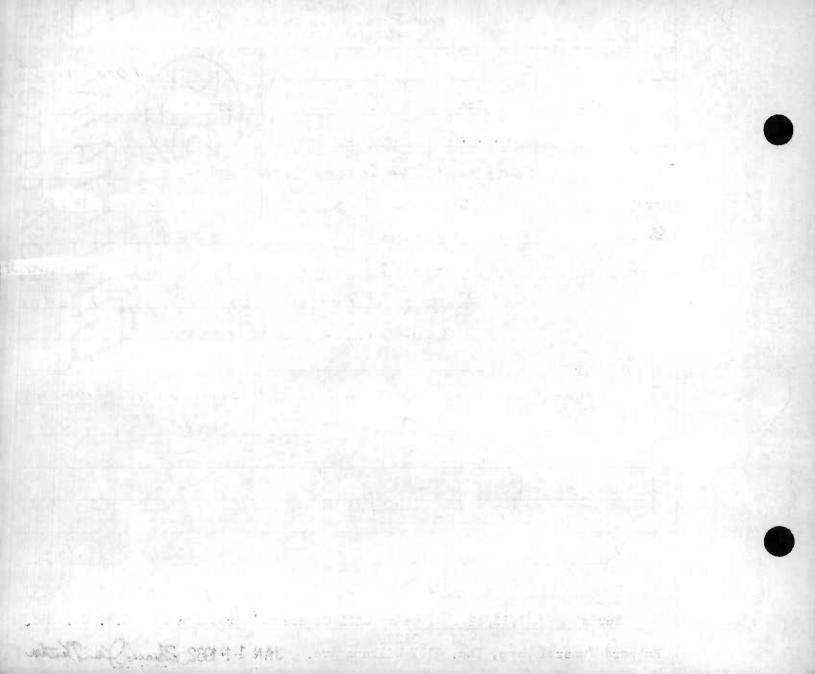
(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO



TELES 3 LE PRODUCTION value brould by the same of th Lesson Maria Control of the Control Indicated I have beneficial offer D.M. peoples senior The transfer of the state of th FOR

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 D 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE ., that (I) (we) last and that in (my) (our) opinion death occurred on the date and have and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN Afren Hospital.

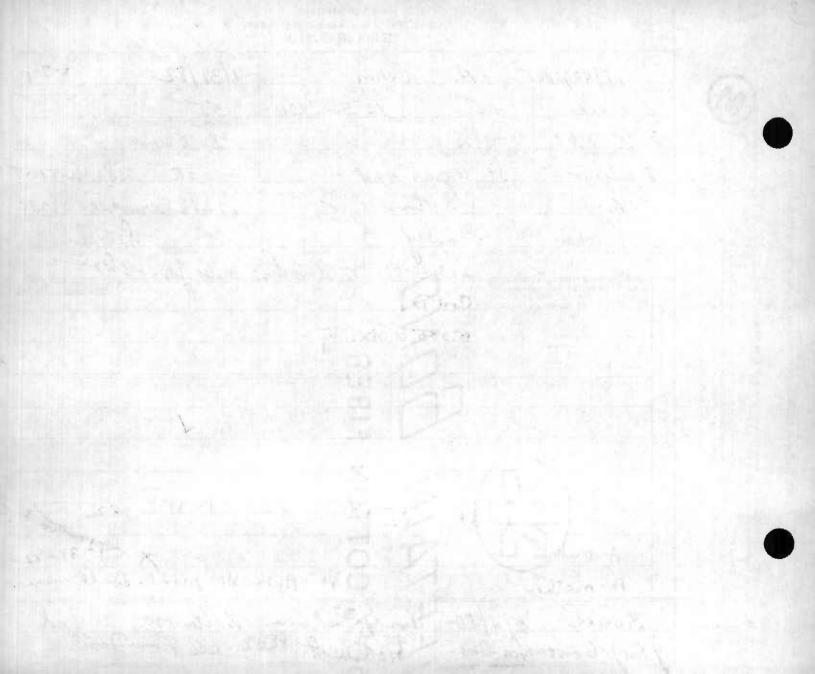
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

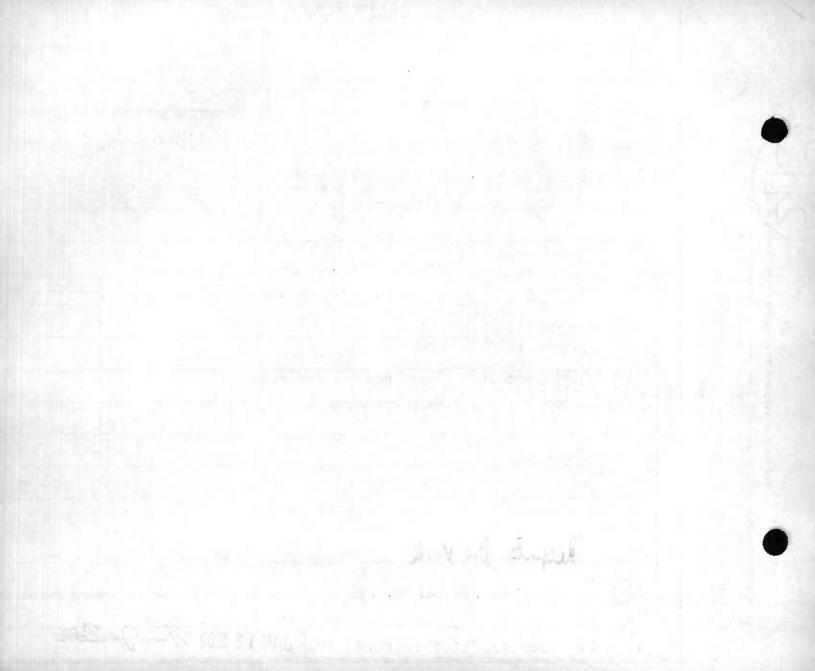
126 KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER I YEAR

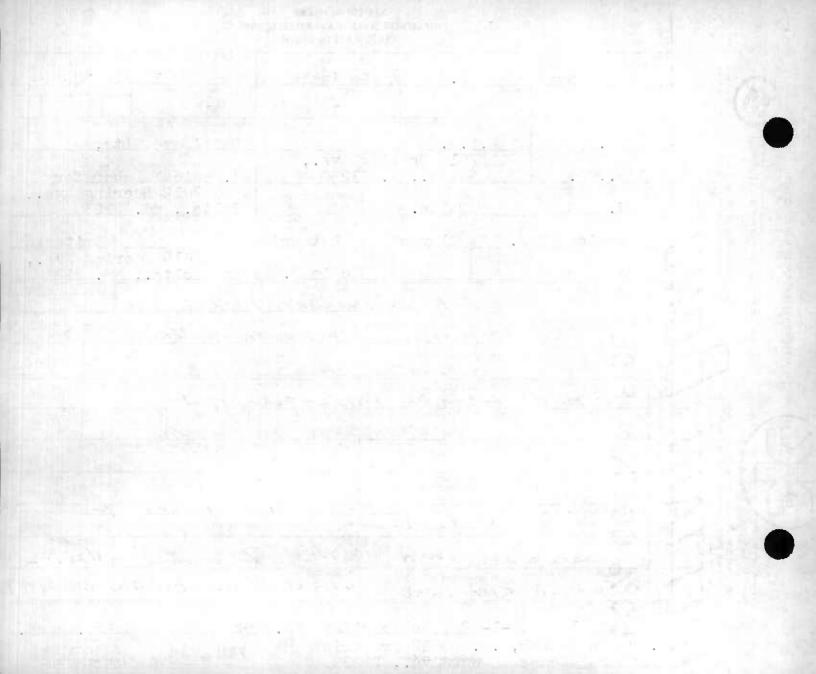


	1.	FOR		STAT	E OF MARY		IENE 9	0 1	3 3	6
A	1-	STATE REGISTRAR		DICAL EXAMINE			DEATH -	, NO.		•
		CEASED NAME FIRST	15,	MIDDLE	LAST		20. DATE KNOWN		DAY YEAR	2b. HOUR
	1	CA:	SPER	W.	OGLE:	SBY	OF ESTI- DEATH MATED	□ 1-14	1-82,	M
	3 SEX	male black	5. DATE OF BIRTH MONTH DAY	YEAR LAST BIRTHDAY	MONTHS D	TYR. IF UNDER 24 H	PRONOUNCED DEAD	MÖNİH	DAY YEAR	24: 151 NR
T Cokes of the state of the sta		IRTHPLACE (STATE OR	76. CITIZEN OF WI				9. BALTIMORE CIT		1-8219 Y OF DEATH	M
77	FC	S. C.	USA		WIDOWED [NEVER MARRIED	Baltimor	_	, or oran	AAD
A	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME,	OR OTHER IN		USUAL OCCUPATION		OR INDUST	
35	Ra	AL RESIDENCE (IF IN NURSING HOM	618 St.	Anns Street	05,386					
1		AL RESIDENCE (IF IN NURSING HOM STATE 136.,COU	E OR OTHER INSTITUTION, GI NTY	VE RESIDENCE BEFORE ADMISSION	٧)	NSIDE CITY LIMITS? 13e	STREET ADDRESS			
3		Md V		Baltimor	e YES	ON W	618 St An	ns Sti	reet	
	14. F.	ATHER'S NAME	MIDDLE	LASY		AOTHER'S MAIDEN N	AME		LAST	
300	D	Henry		Oglesby		Izelia				
	160.	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURITY	NO. 17. IN	FORMANT	ADDR	ESS		
		No		247-30-2	720 Be	essie L.	Oglesby			
		18 CAUSE OF DEATH (Enter of		for (a), (b), and (c).)		30010			APPROXIMATE BETWEEN ONSE	
į		PART I DEATH WAS CAUS	ED BY: ATE CAUSE (a)C	hronic obstr	ructive	pulmonary	/ disease	18,43		, and beauty
20		4760		AS A CONSEQUENCE O	F					
BURIAL, CREMATION, OR REMOVAL.		Conditions, if any, which							111	
5		couse (o) stoting the unde		AS A CONSEQUENCE OF	F					
,		lying cause last.	(c)							
É		PART 2 OTHER SIGNIFICANT CONDITION		BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CO	NOTTION GIVEN IN PART 1 to	0)			
į	Z	metastatic								
i —	CERTIFICATION	19a. DATE OF OPERATION		TION FOR WHICH OPERA	TION WAS PE	RFORMED?			20 AUTOPSY	?
K	표								YESX & &	NO 🗆
3 +	1 1	210. EXTERNAL CAUSE WAS	21b. TIME OF		21c. HOW IN	NJURY OCCURRED (E)	NTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART		110
8 ×		UNDERLYING OR		MONTH DAY YEAR						
×	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME.	21f. LOCATIO	ON				-
	M	WHILE AT WORK AT WORK	STREET, FAC	TORY, FARM, ETC.)	STREET		CITY OR TOWN	COUN	МТУ	STATE
BALTIMORE, MARYLAND, 21201 PRIOR TO BU		22s I certify that I took cha	rge af the remoins des	cribed above, held on	Autapsy X	X Inspection	Inquiry .	ond in my api	nian	
M		death resulted from: Na	ural couses	Accident . Suic			indetermined monner].		
ARY		OI	~ ^	(1) 0.	TI	ITLE (SPECIFY)	. BMI			
₹ _		ACTUAL SIGNATURE	rate In	June 1		ssistant /	MEDICAL EXAMINED	DATE	1-15-	82
Se -			1			133-3-441	MEDICAL EXAMINER	SIGNED		
Ex.		(TYPE OR PRINT)		Varall MD	ADDR	RESS 11 Penn	Street			
BAI	23a. E	SURIAL, CREMATION, REMOVAL	73b. DATE	23c. NAME OF CEM	-		d LOCATION	TTT FEYYA	() I	
	1	Burial	1/21/	82 Westvie	w Mem	Park	Catonsy	ille		Md
	24 F	UNERAL DIRECTOR					D BY PAGISTRAR H	EGISTRAPS.SH	Marke	
)	W	illiam C. Ma	rch F/H	1101 E. No	rth A	ve JAN 1	8 1982 4	01	Andrew Market	
									The second second	



A SECRETARIAN CONTRACTOR OF THE PARTY OF THE CAN DE SE ON OSTAL

2		1 -	STATE REGISTRAR		DEFARIN		ICATE OF DEATH	REG. NO	0 1	0 0
			CEASED NAME FIR		AIDDLE	0	AST			YEAR 26 HOUR
à (AA)		3 SEX		THER I RACE	/	5. DATE C	+3CY	6 AGE (IN YEARS LAST BIRTH	(DAY) FUNDER	TYPE IF UNDER 24 HBS
Page 4		3 367	Khmme.	W	HITE	MON	DAY YEAR OF	76	MONTHS YRS.	DAYS HOURS MIN
rol di	7	7a. BI	PHIPLACE ISTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEA	тн
he fune	1	10. CI	W OR TOWN OF DEATH	11. NAME OF H	OSPITAL NURSIN	WIDOWE G HOME C	D DIVORCED DIVORCED	12g USUAL OCCUPATIO	DN TIEN	MD.
to to to 7	7	1	MANTO CIT	Y LEVIN		6211	knic HOSP.	(TYPE OF WORK FOR MOST OF HOUS EWE F	WORKING LIFE) INDL	AT HOME
MARYLAND 2120 ed within 24 haurs mpletely filled in by and 2 should be fill examiner must be n	5	13a S	MARYCAM) "	OME OR OTHER INSTITUTION, COUNTY	GIVE RESIDENCE BEFORE	V 1	13d INSIDE CHY LIMITS? YES NO		APT. C-ABYRIN	
MARYL red withing and 2 s	1	14. FA	THÉR'S NAME ISAAC	MIDDLE	BOR INSK Y	7	IS MOTHER'S MAIDEN NAM	WIDDLE	,	ARGÖLIN
. + 0		16a W	AS DECEASED EVER IN U	S ARMED FORCES?	16b SOCIAL SECU			BURT A ADERT		RGOLIN
MORE, e execution and or Pages		(Y		ES, GIVE WAR OR DATES)	217-07-5		3600 LABYRINT			21215
SALTI ore b sicior pers.	ı		IB CAUSE OF DEATH EMPART I. DEATH WAS C	nter only one couse per			. 1 =	A (APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
ST., B.				(AUSED BY, (EDIATE CAUSE (0)	lance	10/	Colonic	Met		dyes.
TON oth condin	r traumatic		1539		R AS A CONSEQUE	NCE OF				
PREST ne dec matriar r traur			Conditions, if ony, whi gove rise to immedia	te						
har the by the ase real, crear other			couse (a), stating t underlying couse la	L DUE IO. OF	R AS A CONSEQUE	NCE OF				
DS, 201 quires th signed I hen pleo ta burial		2	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR COND	ITION GIVEN IN PA	ART 1(o
RECORDS, law required by the second sec)0	CERTIFICATION	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE	
ar ar ar ar ar ar ar ar ar ar ar ar ar a	7	RTIF						YES NO	YES 🗌	AUSES OF DEATH?
DF VITA DIAN: TI physici physici physici physici physici physici physici physici	7		210, ACCIDENT WAS UNDERLYING CAUSE	OF DEATH HOUR A.	M. MONTH DA		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PA	ART 2}
DIVISION OF NG PHYSICIA There this certificate by the buriel-in the and Mental arked or Hem.	1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	21e. PLACE (19	21f. LOCATION	citrostopvi	y COUN	TY STATE
NG p after t frer t as the	83	2	AT WORK AT WORK] (AI HOME, STR	EET, PACTORY, OPPICE, PA	A PIC.	1. 0.	1	1	STATE
D D E S			22a.1 certiff that (1) (this			SIV	10 194	10	19	though (we) lost
R ATTER haspita RECTOR red for in	-		obove, (we) (did) (de an view the body	offer death.		d that in (my) (our) opinion o	leath occurred on the do		DATE SIGNED
the the process of th			YILL	210	2		ATTENDING PHYSICIAN	MEDICAL STAF	1000	124/82
HOSPIT, ined by FUNER, sold be d h the Sto			224. PHYSICIAN'S NAME	~ 1			22e_ADDRESS	00	01 1	- 2.11.0
TO HOSPITA TO HOSPITA TO FUNERA should be di with the Stor			I N	. D. 161			ereeusm	PA Dale	Elle #	114
72 BP			urial, cremation, remi Pecify) BURIAL	0.1.1.2	6,1982 0	HEL Y		BALTIM		MARYLAND
DHMH - 16 50M 1/76 (VR A 15 (4))			INERAL DIRECTOR SO NAME REISTERS	L LEVINSON	& BROS., BALTO., N		1215	REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SI	CALAL TO THE
(14, 19, 19, 1)	Į	0	OTO KEISTERS	TOWN RD.	DALIU., N	ער ע	1215	N 2 / 1982	sinces	any myseum



STATE OF MARYLAND

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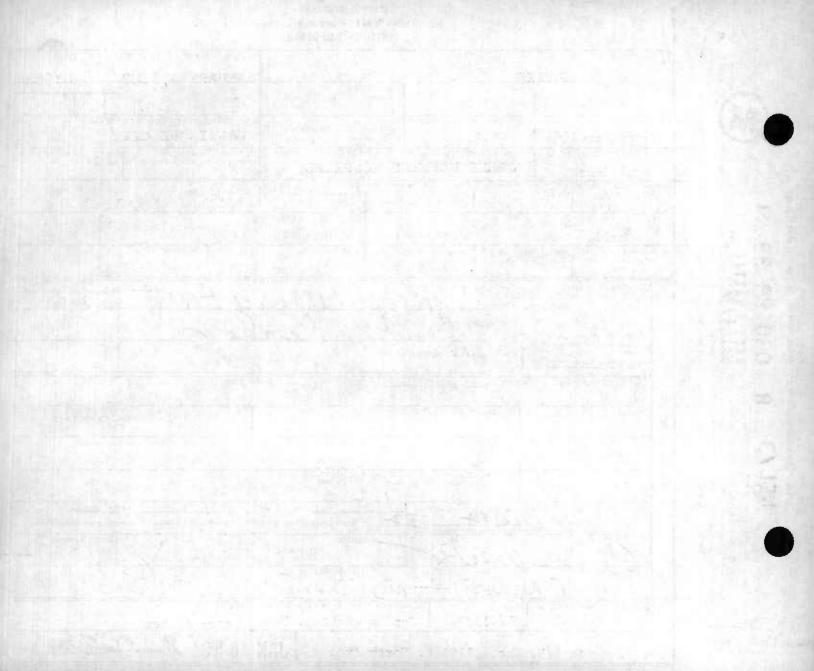
duriel 1/2/32 Clem Haven Jeal K Glam Burnie A.A.

Lelto sd. 21225
Usorra U. Lonce MODI Eliphia Lawr

1	1. DEC	REGISTRAR CEASED NAME OR PRINT)	FIRST		MIGDLE	LAST		20. E	DATE KNOWN OF ESTI-	☐ MONTH	CIAY YEAR	2b. HOU
1	3. SEX	4. R/	Terry	DATE OF BIRTH		EARS IF UNDER		24 HRS. 2c.	DATE	MONTH	14 19 82 DAY YEAR	2d HOU 8:2
			hite	12 23		RS.	DAYS HOURS	MIN. PRO	NOUNCED DEAD	- 1	15 1982	8:2: A.
Z.	7a. BIF	RTHPLACE (STATE OF	PR 7	U.S.A.	AT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRI	DXX	Baltimore city			M
2 2	E	YORTOWN OF D Baltimore	/	135 N.		Street	NSTITUTION	FOR MOST	OCCUPATION () OF WORKING LIFE)	TYPE OF WORK	OR INDUST	JSINESS IRY
	130 ST		NURSING PAN OR O	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS 134 CITY OR TOWN Baltimone	13d. YI	INSIDE CITY LIMITS?	13e STREET /	orth Kri	esson	Street	
l		THER'S NAME Raymond		viddle Lee	Oven	15.	MOTHER'S MAIDE	NAME	middle	Но	milton	
	160. W	AS DECEASED EVI Syo, OR UNKNOWN)	(IF YES GIVE WAI	R OR DATES)	216-50-30		Robert G.	Owen	ADDRE		ion Street	0+
	CERTIFICATION	PART 2 OTHER SIGNIFIC			UT NOT RELATED TO THE TER			7 1 (a).			20 AUTOPSY	'?
	CAL	210. EXTERNAL CA UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING COLUMN COLUM	OR CAUSE OF DEA	P.M. 21e PLACE O	MONTH DAY YEA	R 21t. HOW			E OF INJURY IN ITEM		YES XX	NO [
	1		ot I taak charge a am: Natural	causes X,	ribed abave, held an Accident , s	M.D. <u>/</u>	M. Inspection Hamicide	Undetermin	examiner Examiner	DATE	1-16	 82

Search pressor Paul SV - - And Committee remain make man man manan Feu Meximo 2/1-5-2/5 worsat . men 162 4. Menior Bulled Busing 1-19-12 to the see of the en y governous com so in a series.

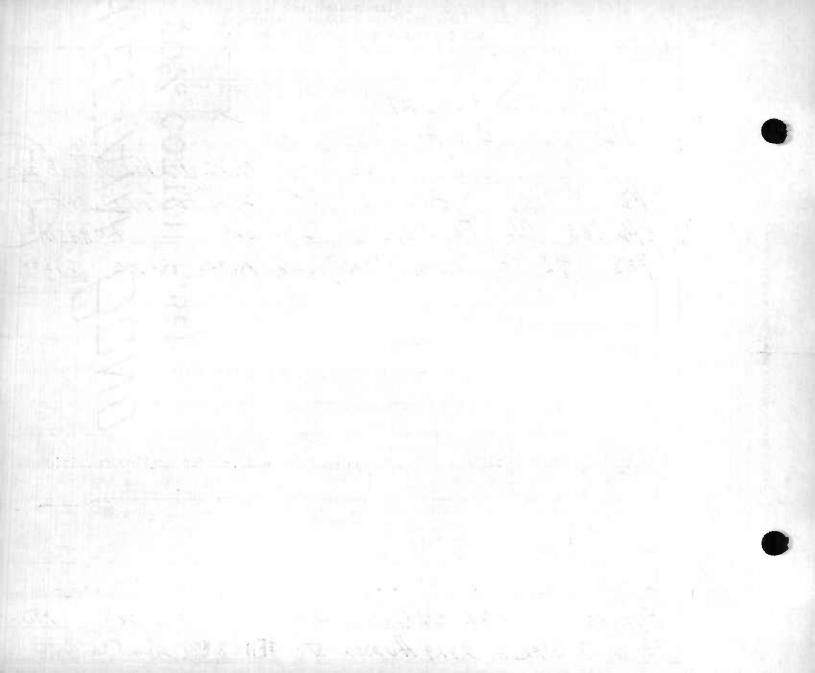
X	1.	FOR STATE REGISTRAR		DEP	RTMENT OF H	OF MARYLAI EALTH AND M ICATE OF DE	ENTAL HYGI	ENE 8 2	0 1	3 4 2
1		CEASED NAME FIRST		MIDDLE	1.	AST			MONTH DAY	YEAR 2b. HOUR
y be		HATT	IE	М.	F	ACE		JANUARY T	7 1982	8 28 A M
(3)	3. SE	Female	4 RACE Bla	ack	5. DATE C		0'3 ^{AR}	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDE	RIYEAR IF UNDER 24 HRS. DAYS HOURS MIN.
OW \$77		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNT	RY? 8. MARRIEI WIDOWE	NEVER MA	ARRIED -	9 BALTIMORE CITY OF BALTIMORE	R COUNTY OF DE	ATH MD.
by the for tiled with	10. C1	Baltimore			RSING HOME C	R OTHER INSTI		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		KIND OF BUSINESS OR BUSTRY
filled in looved be f	13a S	AL RESIDENCE (IF NURSING INCLUDENTIAL STATE)	OTHER INSTITUTION	136. CITY OR Balti	NWOI	13d. INSIDE CIT	Y LIMITS?	130 STREET ADDRESS 2033 Si	nclair La	ne
MARYLAN ed within ond 2 sho	14. FA	THER'S NAME FIRST Charlie	MIDDLE	Will	iams	15. MOTHER'S	MAIDEN NAM PRST Phine	MIDDLE .	W	illiams
dicol dicol		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMAN	IT	ADDRE	SS	
ALTIMORE are be executed by the best of the second and the second are the second		No		267-0	5-8769	Maley	Pace	2033 Sine	clair Lan	
death certificate trends of the certificate trends of the certificate trends of the certificate of the certificate trends		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which	D BY: E CAUSE (a)	OR AS ACONSI	diop	ulus	Mas	y Arry	87 3	APPROXIMATE INTERVAL ETWERN ONSET AND DEATH
es thorther ned by the pleas frem urial, cremo y, or other tr		gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	(c)_	OR AS A CONSI		NOT RELATED T	O THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN F	PART ha
RECORDS, 20 Iow reduires 1 Iow reduires 1 So been signed bermit. Then ple re prior to buring sony injury, on	NO.		-							
AL RECO	CERTIFICATION	19a. DATE OF OPERATION		OITION FOR WI	HICH OPERATION	WAS PERFOR	MED	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C YES []	FINDINGS USED CAUSES OF DEATH? NO [
I OF VIII		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	TH HOUR A	OF INJURY M. MONTH M.	DAY YEAR	21c. HOW INJ	URY OCCURRE	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR	PART 2)
DIVISION NG PHYS NG PHYS of the but th	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OF	FICE, FARM, ETC)	211 LOCATION STREET	4	CITY OR TO	wn col	UNTY STATE
ATTENDIA spatial or CTOR: At for use of Healt n. 21. is mo		220.1 certify that (I) (this haspi sow the deceased alive an above, (I) (we) (did) (did na	1-0	27	982, on		, 19 <u>82</u> aur) apinion d	eath occurred on the do	ate and hour and fr	That (I) (we) last am the causes stated
TAL OR. yy the hor RAL DIRE detached fore Dept		226. SIGNATURE	Alle	B		PH	TENDING TYSICIAN	MEDICAL STAI		1/7/82
TO HOSPITAL retained by the TO FuneRAL should be determined to with the Store IMPORTANT.		CLAIRE /	U-WE	570	Cin-	JOH	wsth	PKINS H	Spila	i
Of Off Off W		SPECIFY)			23c NAME OF C			23d. LOCATION CITY OR TOWN	COUNT	TY STATE
805BP		Burial	1/11,	/82	Garden	of Eter		Westmini	ster	MD
DHMH-16 30M 2/80 (VRA 15, 4)	24 FU	JNERAL DIRECTOR	Inc	1101 ^{ADB}	North	Ave	25a, DATE	REC'D. BY REGISTRAR	PAREGISTRAP'S S	IGNA JURE



DHMH-16 50M 1/B1 (VRA 15, 4)

		FOR		DEPARTMEN		OF MARYLAND EALTH AND MENTAL HYG	IENE 8 2	0	13	4 3
/		- STATE REGISTRAR				CATE OF DEATH	REG. N			
		CEASED NAME FIRST	MIDDL	E	L/	AST		MONTH DAY	YEAR 1	h HOUR
	{14b	RUSS RUSS	NE E.		RA	1CE	1/7/8	3		530 A
	3. SE		4. RACE	5.		FBIRTH	6 AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
		Female	W	White	MONTH	112/24	56	YRS.	NIHS DAYS	HOURS MIN.
50		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA		MARRIED	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY O	FDEATH	
		West Virginia	VSH		IDOWE		Balt	city		MD.
31	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING F	HOME O	ROTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF HOME MA	F WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
- 1	USÚ	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE	RESIDENCE BEFORE ADA	(SSION)	offices.	incare-inca	KET	- committees	
5		STATE 13b. COUR	1.00	CITY OR TOWN Baltimore		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 125 S. Ann	Street	t	
	14. F/	ATHER'S NAME	MIDDLE	IAST		15. MOTHER'S MAIDEN NAM		Maria.		
20		Frederick	Schectle		87	Mary Be	ell Taylor		LAST	
,		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECURITY	NO.	17. INFORMANT	ADDR	altimor	ce, Md/	21231
		no	E WAR OR DATES)			Sylvia Jean I	Harmon 213	S. Regi	ister S	treet
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line	far (a), (b), and (c	1.1				APPROXIMA BETWEEN ON	SET AND DEATH
			TE CAUSE (a)	1910-111	em	Arecs				
		3340								
		Conditions, if any, which gave rise to immediate	(b)	riegical	15	Maria			yea.	, (.
		cause (a), stating the underlying cause last.	DUE TO, OR AS	A CONSEQUENC	E OF					
			(c)	NAME OF STREET	TIL BILL	LOT DELLA SEGUE AS A SUIT				
Н	NO	PART 2 OTHER SIGNIFICANT (ONDITIONS CONTR	RIBUTING TO DEA	IH ROLL	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART To	
_	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	N FOR WHICH OP	RATION	WAS PERFORMED	20a AUTOPSY?		VERE FINDING	
2	TIFIC						IN CERTIFYIN	ERTIFYING CAUSES OF DEATH?		
	_	21a. ACCIDENT WAS UNDERLYING	216. TIME OF IN.	JURY MONTH DAY	VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	Y IN ITEM 18 PART	I OR PART ?}	
7	ICAL	OR CONTRIBUTING CAUSE OF DEA	ALIT.	MONITE DAT	19					
,	MEDI	21d. INJURY OCCURRED	21e. PLACE OF IN	JURY ACTORY, OFFICE, FARM,	EIC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	<	AT WORK NOT WHILE AT WORK				Frank				
		220.1 certify that (1) (this haspi		ceased from			, to			at (1) (we) last
		sow the deceased alive an abave, (1) (we) (did) (did na	t) view the bady after	r death.		d that in (my) (our) opinion o	death occurred an the de	ite and haur o		
		176 SIGNATURE	Silvacha	1	A A	ATTENDING 5	MEDICAL STAI	FV	22c DATE SI	GNED
1		724 PHYSICIAN'S NAME HIM O	PRINT)	IAN	141	8.7				
		JAY	Schach	ner		116 W Uni	v. PKWY	mal 1	L WIP	
	23a E	BURIAL, CREMATION, REMOVAL ISPECIFY) Burial Jan 10,82	23b. DATE Jan 10,			METERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
	_	UNERAL DIRECTOR				11 Cemetery 250 DATE	Davis, W			RE
		NAME Dippel Funere	el Homes, Inc			elair Rond JAN	8 1982 2	surces	Van Me	then
					MINOR	710		- 6	1	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME KNOWN 2a DATE (TYPE OR PRINT) OF ESTI-Ear] Pachilis DEATH MATED 82 4. RACE 3. SEX S DATE OF BIRTH A AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHOAY) PRONOUNCED 19 82 4:25F DEAD male white BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS TYPE OF WORK Baltimore & Haven Street Eastern USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) T3d. INSIDE CITY LIMITS? 14 FATHER'S NAME ARMED FORCES **ADDRESS** CREMATION, OR REMOVAL. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d. CERTIFICATION 19g. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? **BURIAL**, YES WY NO ICATE, WRITING THE WOR FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE L THE STATE DEPARTMENT C 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 PRIOR TO HOUR A.M. MONTH DAY OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 4 . 17 PM driver in auto/tractor trailer collision 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEATOR PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK FasternAve&HavenSt.Baltimore City street MD 220. I certify that I taak charge of the remains described above, held on Autopsy Inspection death resulted from:A Undetermined manner Natural causes Homicide Accident TITLE (SPECIFY) DATE 2/1/82 SIGNED 2/1/82 ACTUAL Assistant SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn Street, Baitimore, MD 21201 Margarita A. Korell.M.D. (TYPE OR PRINT) 23d LOCATION 23c. NAME OF CEMETER 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5) 15M 2/80



FOR

REGISTRAR

- STATE

126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rosedale St. SPENCER APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 72c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIANLE CITY OR TOWN Burial COUNTY STATE 1/27/82 Cedar Hill Cem. Balto 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 Wm. NAC. March F/H 1101 E. North Ave. (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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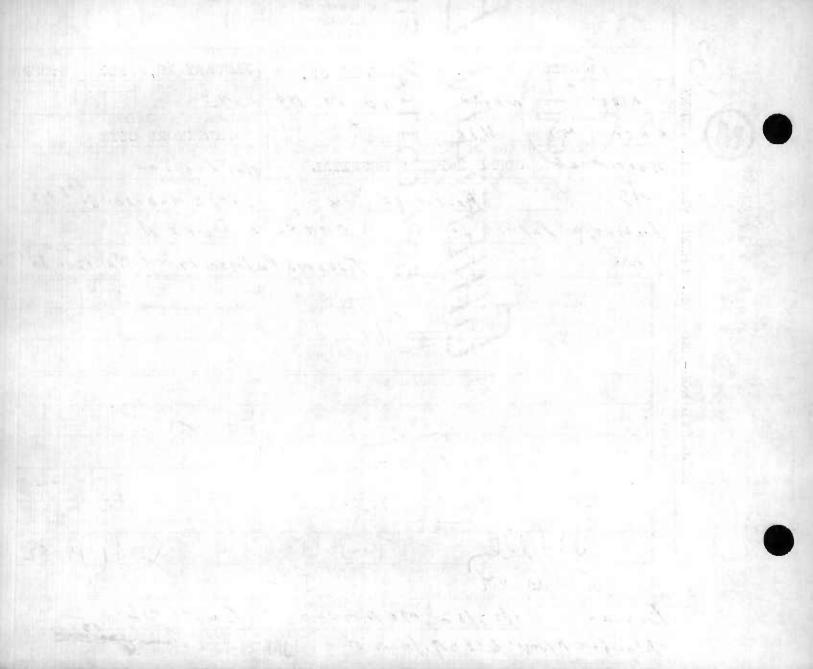
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() BP		BURIAL, CREMATION, REMOVAL SPECIFY) BULIAL	1/12/82 Q	eme of cemetery or crematory	Baylar Town	2 30 4th Cas STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	UNERAL DIRECTOR	1 est 4600 ESS 1	iberty Halls. DAT	JAN 1 19982	25b. RESTRAR'S SIGNATURE

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	4	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED WIDOWEI	NEVER MARRIED	9 BALTIMORE CITY C			MD
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has been pride	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN		NGS USED OF DEATH?
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	FOR	Marie Service Control	DEPARTMENT OF HEALTH AND MENTAL	HYGIENE O RESPUEN	U B M / T B T B T C E
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- K.4.	REGISTRAR		CERTIFICATE OF DEATH	O REG. NO.	
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DHMH-16 30M 2/B0	24 ELINERAL DIRECTOR	Minin	ABBOSS D/ 1/1 /1 250	DATE REC'D. BY REGISTRAR 251	EGISTRAR'S SIGNATURE
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1313 W. 42nd Street Bollinger Same APPROXIMATE PATERVAL SETWIETO CONSET AND CO.A. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death accurred on the date and haur and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 611 S. CHAS ST BALTE Pikesville, Balte, M. Burgee Funeral Home 3631 Falls Read 21211

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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IF UNDER ! YEAR

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DHMH - 16 50M 1/81 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20. DATE KNOWN DAY YEAR MONTH 26. HOUR (TYPE OR PRINT) PARKER JASON DEATH MATED 4. RACE SEX 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE DAY LAST BIRTHDAY PRONOUNCED black 1-21-82. PM male 4 1962 NOV 19 DEAD 70 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 1. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARYLAND US of A WIDOWED DIVORCED Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY FOR MOST OF WORKING LIFE! CARPENTER Baltimore JOB CORPS USED AS A BURIAL - TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BEI OF HEAITH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, IRIAL, CREMATION, OR REMOVAL. Druid Park Drive 3e. STATE 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS BALTIMORE 3426 HILLDALE PLACE MARYLAND YES NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, FIRST MIDDLE LAST FIRST MIDDLE **ALBERTEAN** ALLEN PARKER ROBERT GIVE PAGE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 3426 HILLDALE PL. NO MR. ROBERT L. PARKER CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. Stabwound to chest IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES XX NO [EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BALLIMORE, MARYLAND, 21201 PRIOR TO BUI 21g EXTERNAL CAUSE WAS 216. TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTO subject stabbed UNDERLYING YOU OR CONTRIBUTING CAUSE OF DEATH MEDICAL PM 21e PLACE OF INJURY 21d INJURY OCCURRED 21f LOCATION LAT HOME STREET, FACTORY, FARM, ETC.) STREET CUY OR TOWN NOT WHILE Baltimore. Maryland AT WORK AT WORK 2 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian death resulted from: Undetermined manner TITLE (SPECIFY) ACTUAL DATE 1-22-82 ssistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Penn Street (TYPE OR PRINT) Margarita Korell ADDRESS 23 a BURIAL, CREMATION, REMOVAL 23b, DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION MD. BALTIMORE AUBURN CEMETERY BP PURTAT 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** ADDRESS (VR A15 ME (5)) 4517 PARK HEIGHTS AVENUE LEWIS T. GWYNN 15M 2/80

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DHMH - 16 50M 1/81 (VRA 15, 4)

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GISTRAR	CERTIFICATE OF DEATH				

(TYI	PE OR PRINT)	Mildred	D.	D=	arker	20. DATE OF DEA		DAY YEAR	2b HO
2.01	EV					January		982	14'
3. SI	Female		hite		of Birth *i1 9, 1923	6 AGE (IN YEARS L	AST BIRTHDAY) YRS	MONTHS DATS	
₹a. 8	BIRTHPLACE (STATE O		IZEN OF WHAT COUNT $.S.A.$	RY? 8 MARRIE WIDOW	ED NEVER MARRIED	9 BALTIMORE C Baltimo		TY OF DEATH	
10.0	Baltimore		AME OF HOSPITAL, NUI NOT IN SUCH ESCILITY GIVEST LAIT CONVAL	RSING HOME	OR OTHER INSTITUTION	12e USUAL OCCI	JPATION OST OF WORKING LIE	12b. KIND INDUSTRY	
14 F	Maryland ATHER'S NAME FIRST George WAS DECEASED EVE	MIDDLE	ASTRUTION GIVE RESIDENCE BI 13c. CITY OR T Balti LAST Rammes DRCES? 166 SOCIAL S	more	13d. INSIDE CITY LIMITS? YES NO 1 15 MOTHER'S MAIDEN NA FIRST Marie 17 INFORMANT	ME	ld Harf	ord Roa	AST
100	No os nuknown)	(IF YES, GIVE WAR OR		SECURIT NO.	Edward M. Pa			Harford	Road
	18 CAUSE OF DEA	TH Enter only one c	ause per line for (a), (b)	ond retail				APPRO BETWEEN	XIMATE INTI
		WAS CAUSED 8Y: MIMMEDIATE CAUS	SE (o)	STAI	US EPILEP	TICUS		1 41	11500
	Conditions, if on gave rise to in couse (a), state	y, which nmediate ing the DU	(b) (ETO, OR AS A CONSE	SEL	ZURE DISOR	OZR		YE 11.	rs:)
ATION	gave rise to in couse (a), stat underlying cous	y, which mediate ing the lost. DUSTRICT CONDIT	(b)	QUENCE OF	NOT RELATED TO THE JERM	INAL DISEASE OR	in: Rec	EVEN IN PART I	(o
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DHMH - 16 50M 1/B1 (VRA 15, 4)

		FOR - STATE REGISTRAR		DEPARTA	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	0 1	3	5	3
		CEASED NAME FIRST PIECE		MIDDLE		rker C.		MONTH DAY	YEAR	26 HOUR	
	3. SE		4 RACE		5. DATE C	, Dr.	January 1		DER I YEAR	1:15	_
1		Male	Black		80 °O		59	YRS.		" BUDENSA	MIN
5	7a. BI	IRTHPLACE (STATE OR FOREIGN	U.S.	A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore city o		EATH		MD.
8		Baltimore	laryla	and General	GHOME C ADDRESS) A HO	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF Laborer	ON 12 OF WORKING LIFE) IN	KIND O	BUSINESS	
<	13a. S	AL RESIDENCE (IF NURSING HOLD OF		Baltimo		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 109 Oak	St. 212	22		
	14. FA	Afford Parke	MIDDLE	LAST		Is MOTHER'S MAIDEN NAM	ME MIDDIE		LAST		
2		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV C54	E WAR OR DATES	166. SOCIAL SECUI 220-05-2		Pierce Park	er Jr. 1505		er B	lvd.	
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2	CERTIFICATION	190 DATE OF OPERATION	196. CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WER	RE FINDIN CAUSES	GS USED OF DEATH?	
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED NOT WHILE	P.i	m, month da m,	19	216. HOW INJURY OCCURRI 216. LOCATION STREET		Y IN ITEM 18, PART I OI	R PART 2)	STATE	
1000		220.1 certify that (this haspit sow the deceased alive on above.) Xwel (did) (did) (22b. SIGNATURE	Januar view the body	y 11 19	82	dry 4 19 82 Ind that in (m/c) (aur) apinian d DEGREE M P ATTENDING PHYSICIAN	, , ,	te and hour and t	from the c		
		22d PHYSICIAN'S NAME (TYPE O Robert Ami		1.D.		c/o Maryla	and General	Hospita	1		
	B	BURIAL, CREMATION, REMOVAL SPECIFY) 117121 JURIAL DIRECTOR	23b. DATE 1/18/8			ville St VA	Crownsy	ille , M	aryl	nd STATE	,

Law Funeral Home 4611 Park Heights Ave.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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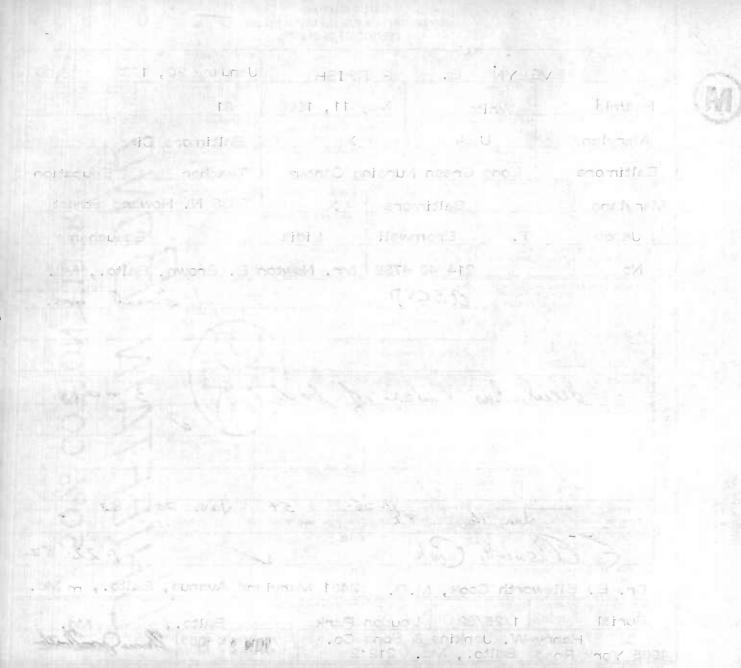
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Wilson Parlett DEATH MATED WOODROW SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED 3:50P 28 1918 DEAD white Apr. 63 male 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland WIDOWED DIVORCED Baltimore City 2, AND 3 TO THE FU 3. RETAIN PAGE 5 5 SHOULD BE FILED. A AL RECORDS, 201 WI 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Stock Clerk 4522 Arabia Avenue Baltimore Balt. . Md. 21214 30 STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 4522 Arabia Avenue Maryland Baltimore NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Daniel Miller H. Parlett Pauline 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Brother: **ADDRESS** Balt. . Md. 21213 (YES, NO, OR UNKNOWN) Carroll C. Parlett No 2614 E. Oliver St. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Chronic obstructive pulmonary disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) THIS CENTRY THE WELL SWARDED TO THE CHIEF WAS READED TO THE CHIEF WAS READED BE USED A STATE DEPARTMENT OF HEAD CHAIL STATE DEPARTMENT TO BURIAL. 196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOXX YES 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 71e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinian RUNERAL DIRECT death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL DATE 1-29-82 Assistant DEATH TO FUNERAL AFTER DEATH BALTIMORE SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 111 Penn Street ADDRESS_ 23d. LOCATION
CITY OR TOWN
Baltimore 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236, DATE Burial Parkwood Cemetery Maryland Feb 2 1982 BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Baltimore, Maryland **DHMH-17** Leonard J. Ruck, Inc. (VR A15 ME (5) 15M 2/80

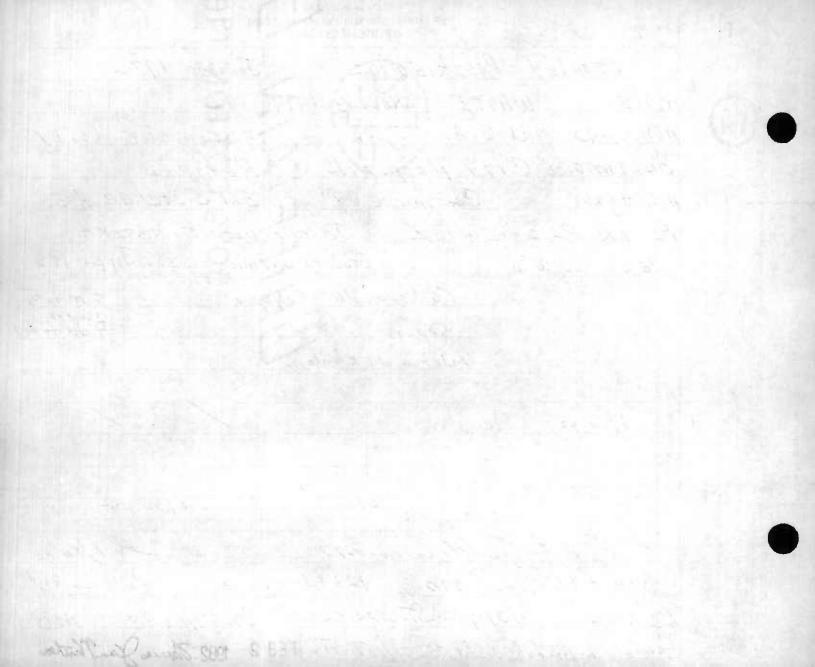
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21212

4905 York Road Balto., Md.





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DEPARTMENT	0	E	ME	ALT	rM.	AND	ARENT

1	FOR STATE REGISTRAR			HEALTH AND MENTAL HY	GIENE 3 2.	0 1 3 5 9
(TY	PE OR PRINT; HELEN			PATTHUSIN	20. DATE OF DEATH MONTH	1282 615 N
3. SI	F	4 RACE	B S. DATE	OF BIRTH DAY YEAR 2 7 21	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS AIN.
7a. E	SIRTHPLACE (STATE OR FOREIGN)	b. CITIZEN OF WHAT C	OUNTRY? 8 MARRIE WIDOW	ED NEVER MARRIED DIVORCED D	9 BALTIMORE CITY OR COU	INTY OF DEATH MD
	SIPPTIMENTE	(IF NOT IN SUCH FACILITY	GIVE STREET ADDRESS	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) HEALTH ASSIS	
130.	STATE 136 COUNTY	TY TO 13c. CIT	DENCE BEFORE ADMISSION) TY OR TOWN ATTO	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS N	KUAMONT DO
	KUGENE	NIDDLE L	THEELER	15 MOTHER'S MAIDEN NA	t Moon on	LAST
	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	VAR OR DATES) 166. SO	- 184-8734	Mr. Oscar Pa	ADDRESS Terson 2528	EllAMONT
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A C	WE CONTROLLED OF	NOT RELATED TO THE TERM		I GIVEN IN PART 1(a)
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MEDICAL CERTIFI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. Certify that HT (this haspite sow the deceased alive an above, (1) (use) (did) (did not the control of the contro	P.M. 21e PLACE OF INJU (AT HOME, STREET, FACTI DI) attended the deced view the body after de	DNTH DAY YEAR 19 IRY ORY, OFFICE, FARM, ETC.) sed from	211. LOCATION STREET 19 nd that in (my) (aue) opinion DEGREE ATTENDING	YES NO PORTON IN ITEM	county STATE 19 that (tr (we) lost hour and from the causes stated 22c DATE SIGNED
1	2 / //	Y			10	

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbon with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ren

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

24 FUNERAL DIRECTOR

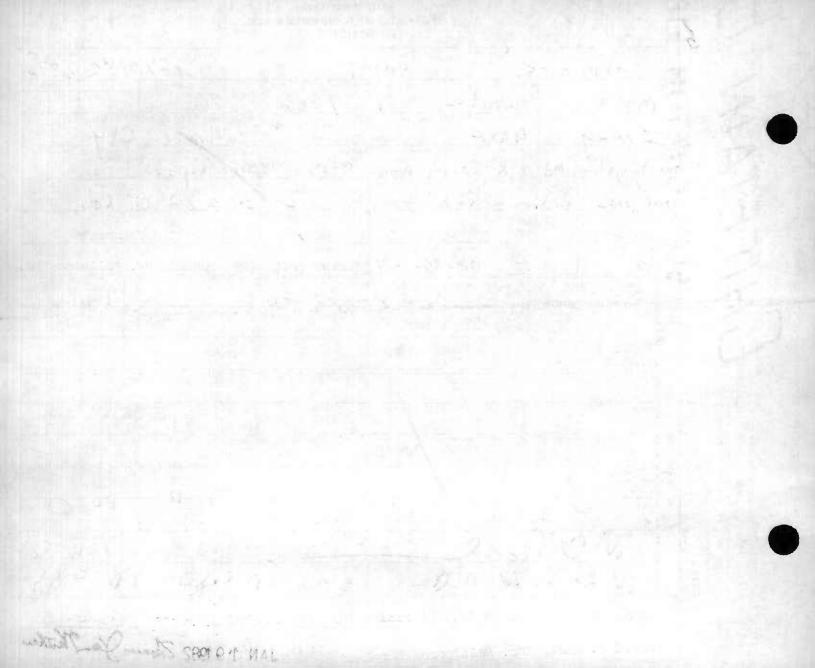
, A. MORTON & SONS

701 LAURENS 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

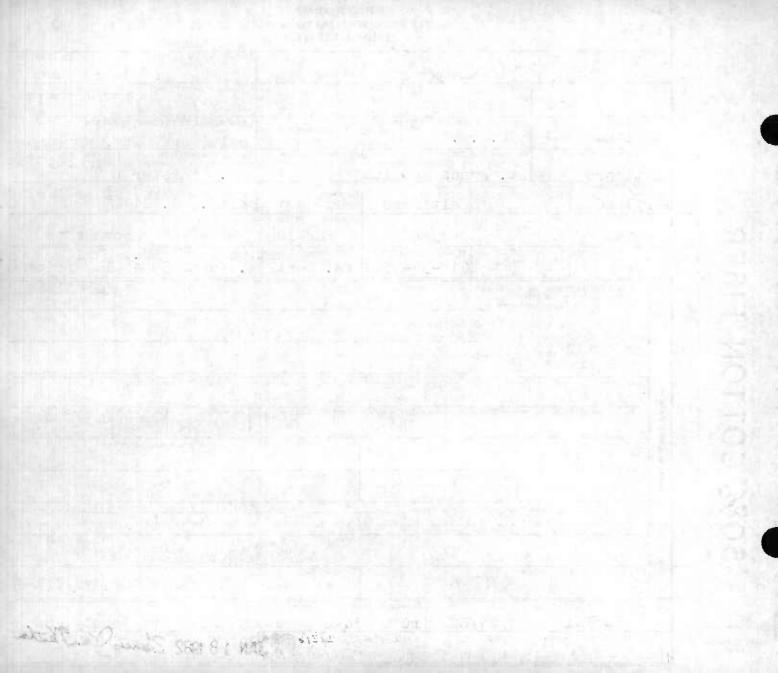
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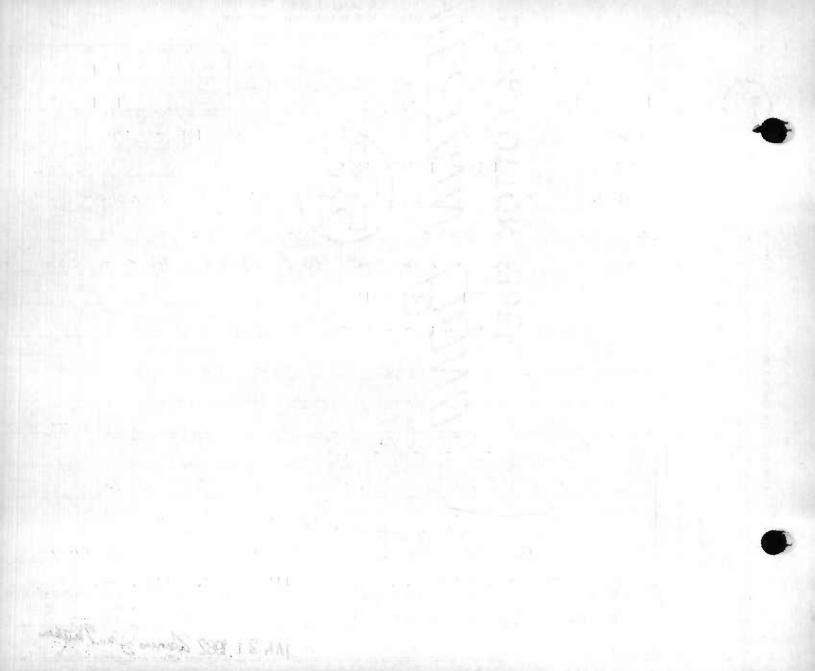
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7.4			CEASED NAME FIRST		MIDDLE		2	20. DATE OF DEATH	MONTH	DAY YEA	2 / 1	Lamb A
affect des		2. SE	Arthur	4 RACE	Jerome	5. DATE C	DEBIRTH	6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 Y	EAR IF UND	DER 24 HRS
(Bin)			Male		Negro	MONTH		87	YRS.		AYS HOURS	
翻	51		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D A NEVER MARRIED	9. BALTIMORE CITY		Y OF DEATH	1	
A 8	20	7	ry Land	U.S		WIDOWE	DI DIVORCED DI	Baltimor				
led w	10		ltimore	(IF NOT IN SU	CHEACILITY, GIVE STREET,	ADDRESS)		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Ret. Mini		LIFE) INHOUS	IP OF BUSI	rtist
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and 2 sh	C		James	MIDDLE	Payne		15 MOTHER'S MAIDEN NA Maggie	MIDDLE		Bonap	ärte	
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RECTOR: A ned for use apt of Heoli tem 21 is mo			22a I certify that (Thathis hospi saw the deceased alive on above, (N) (we) (did) (did no		16 19 5		d that in (MX) (our) opinion	death occurred on the c	6 ate and ha	, 19 (2) our and from		(we) lost stated
atacle at the standard at the			226. SIGNATURE Gelta	Reyor	MD		DEGREE RATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [22c. D	16 JP	2_
TO FUNERAL should be det with the Stote			GEETHA	RPRINT A	JA		ST A G N7S	HOSPITAL	, Bn	UT, M	1)-21	229
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AH-16 30M 2/80 (VRA 15, 4)		24 FI	I NAME I	UN FUN	eval Hom	1ARYLA e 30:	NO 21216 250. DAT 35 W. NUNTALAY	IAN: 1 8 1982	25km AGIS	TRAR SIG	ATUR A	The



1/2				STATE OF MARYLAND			A P /	
2/3	1.	FOR STATE REGISTRAR	DEPART	TMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	1.4	2) 3	0 4
	1. DE	CEASED NAME FIRST	WIDDLE	(AST	2a DATE OF D	REG. NO.	DAY YEAR	2b. HOUR
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moy pag	3. SE.		LES William	5. DATE OF BIRTH	6. AGE TINYEA	RS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 F
nge 4 m		Male	6 lack	MONTH DAY YE	9	33 YR	MONTHS DAYS	HOURS A
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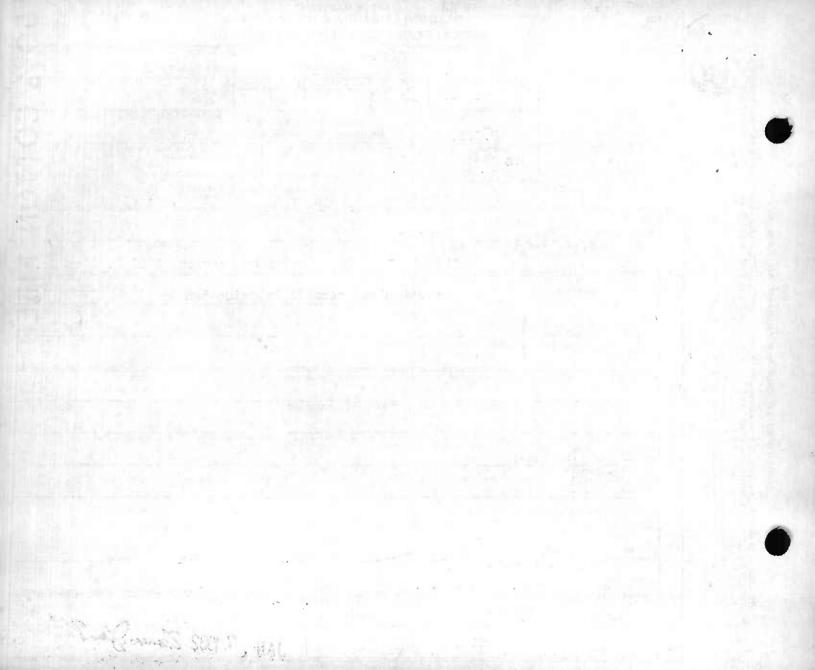
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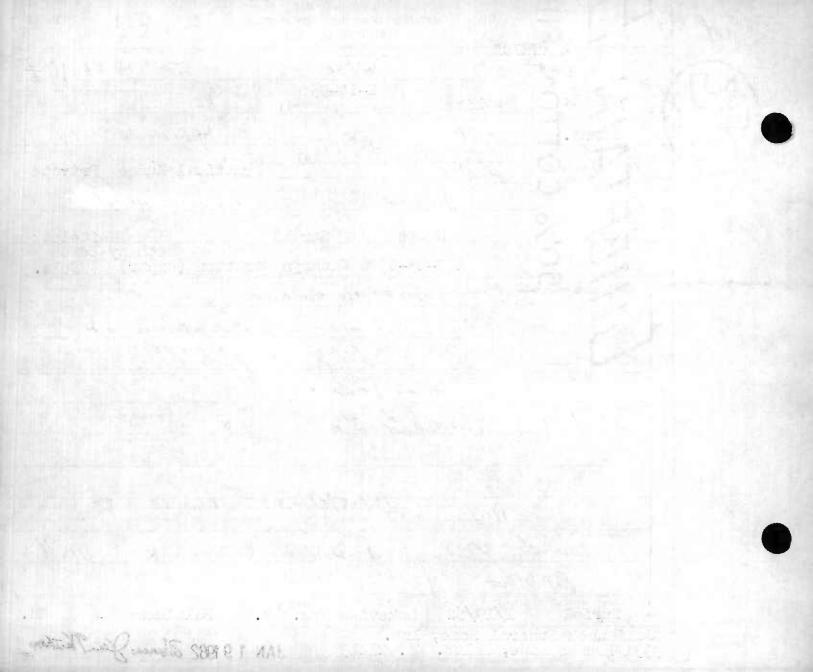
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BALIMORE, MARYLAND, 2	(5	JRIAL, CREMATIO PECIFY) Buri	al	23b. DATE 1/9/82				al Park	В	alto. C		_	ane 1	ATE VID
BALTIMORE,	24. FU	IRIAL, CREMATIO	al	1/9/82	K		moria	250. [В	salto. C REGISTRAR 7 1982		R'SSE	ane 1	ATE VID



STATE OF MARYLAND



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia

completely filled in by the funeral director in Igond 2 should be filed within 72 hours offer

	X.	FOR STATE REGISTRAR		DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	0	1 3	6 /
W		CEASED NAME FIRST		MIDDLE	i.	AST	20. DATE OF DEATH		DAY YEAR	26. HOUR D
*	3. SE	John	4. RACE	oland	5 DATE C		January 6 AGE (IN YEARS LAST BIR		982	2:30 M
i		Male	Cauca	sian WHAT COUNTRY	Oct		71	YRS	OF DEATH	HOURS MIN.
35		Md.	U.S		WIDOWE	NEVER MARRIED DIVORCED			e Cit	440
	10.C	ITY OR TOWN OF DEATH	11. NAME OF		ING HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATI	ON	126 KIND O	F BUSINESS OR
	1	Baltimore	3909	Shannor	n Driv	7e	Carpent		Loca	1 101
35	13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION UNITY	Baltir	WN	13d INSIDE CITY LIMITS? YES 😿 NO 🗌	13e. STREET ADDRESS	Shar	non D	rive
	14. F.A	ATHER'S NAME FIRST John	WIDDLE	LAST		15. MOTHER'S MAIDEN NAME FIRST		Dilai	LAS	T
		VAS DECEASED EVER IN U.S.		Pensmit		Mary 17 INFORMANT	ADDRE	SS	Crogha	111
	0	YES NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	215-07-	-5982	Viola Pensi	mith (wif	e) sa	me ado	dress
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED) Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.	SED BY: ATE CAUSE (o) DUE TO, O (b)	R AS A CONSEO	V. D. A	with a or hic vad	we prosthesi	or H.E.	ETWEEN G	MATE INTERVAL DISET AND DEATH
	NOI	PART 2 OTHER SIGNIFICAN		C	.0.1	P. D.	INAL DISEASE OR CON	DITION GIV	EN IN PART 110	
9	CERTIFICATION	190. DATE OF OPERATION	TO Re,	hlace a	rostic	was performed .	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN YING CAUSES S	GS USED OF DEATH? NO
9		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF L (IF EITHER NOTIFY MEDICAL EXAMIN	ENIE	M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 P	ART 1 OF PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e. PLACE ((AT HOME STR	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
2 7 2		220.1 certify that (1) (this had sow the deceased alive above, (1) (web (did)) (did	n Nov.	12, 19.		d that in (my) (osc) opinion (to dot of	ste and hou		that (I) (we) lost couses stated
		22b. SIGNATURE Farid S	· Alig	M.D) ~	ATTENDING PHYSICIAN	MEDICAL STAI		220 DATE /-Z	1-82
		22d PHYSICIAN'S NAME (TYP	id Abid	F:S	ABID	22e ADDRESS 5002 F	rankford .	Ave.		

23¢ NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

^{24 FUN}SCH imminek Funeral Home, Inc. 3331 Brehms Lane, Balto. Md. 21213

1/21/82

230 BURIAL, CREMATION, REMOVAL

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Greenmount Crematory 23d Location Greenmount Crematory Balto. Md. the book district (1981), years to be a fine of the Little free Co

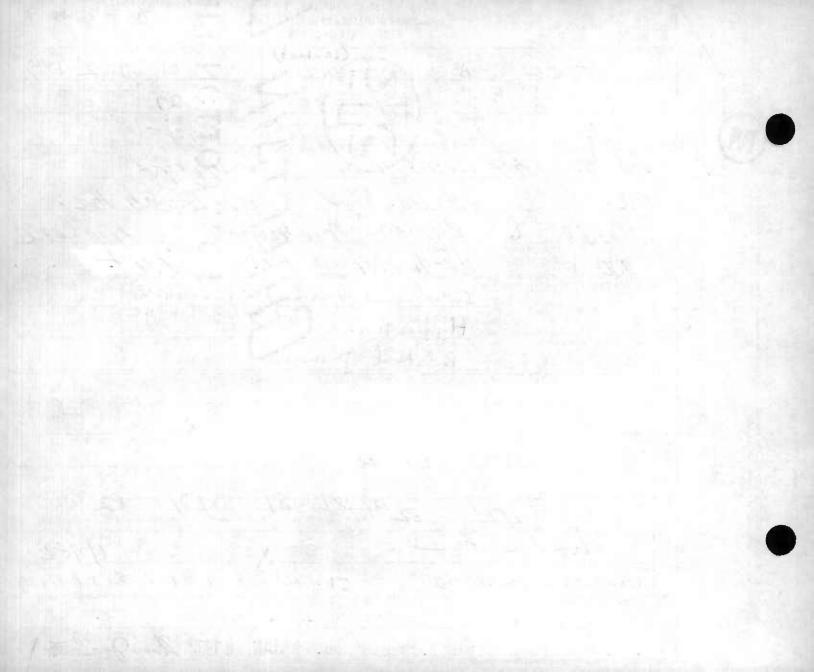
4	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	
a december of		CEASED NAME FIRST	M.	PERRIER	20. DATE OF DEATH MONTH DA	IN HOOK
	3. SE	× Female	A RACE White	5. DATE OF BIRTH MONTH DAY YEAR 11 10 07		UNDER LYEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
133		IRTHPLACE (STATE OR FOREIGN COUNTRY) BALTO.	76 CITIZEN OF WHAT COUNTRY	MARRIED MEVER MARRIED !	A DALTIMORE CITY OR COUNTY O	OF DEATH TY, MD.
us offi		BALTO, M.D.	(IF NOT IN SUCH FACILITY, GIVE STRE	HOSPITAL	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY DL. House Manager
in 24 hou ly filled in should be	T3a.	ALRESIDENCE (IF NUR DAE OR ONE OR COUNTY)	NTY 13c CITY OR TO	VAN 134. INSIDE CITY LIMITS	7013 LACHLA	
ed with		JOHN	MIDDLE LAST MORE	7110101	MIDDLE	FBLER
on ond S. Poges	160. \	NAS DECEASED EVER IN U.S. AR, YES, NO OR UNKNOWN) (IF YES, GIV.	MED FORCES? 16b. SOCIAL SEC E WAR OR DATES) 212-09		Perrier 14003 For	xland Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
quires that the death certi- signed by the attending p Then plesse remove corban to burial, cremation, or ren njury, or other traumatic ev	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEO (b) OVA A DUE TO, OR AS A CONSEO (c) M	CIAN CARCINON UENCE OF ETASTATIC	TRREST MA SPREAD RMINAL DISEASE OR CONDITION GIVEN	N IN PART 110
os bee	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH? NO \(\bigcap \)
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O BP	23a. B	BURIAL, CREMATION, REMOVAL (SPECIFY) 11741	23b. DATE 1982 23c	NAME OF CEMETERY OR CREMATOR	Cockeysyille	Charles (Carles)
DHMH - 16 50M 1/B1 (VRA 15, 4)		UNERAL DIRECTOR AAME 1 CK Towson Funer	ADDRESS	1050 York Road 250: P	1982 WA	of semanticular

STATE OF MARYLAND

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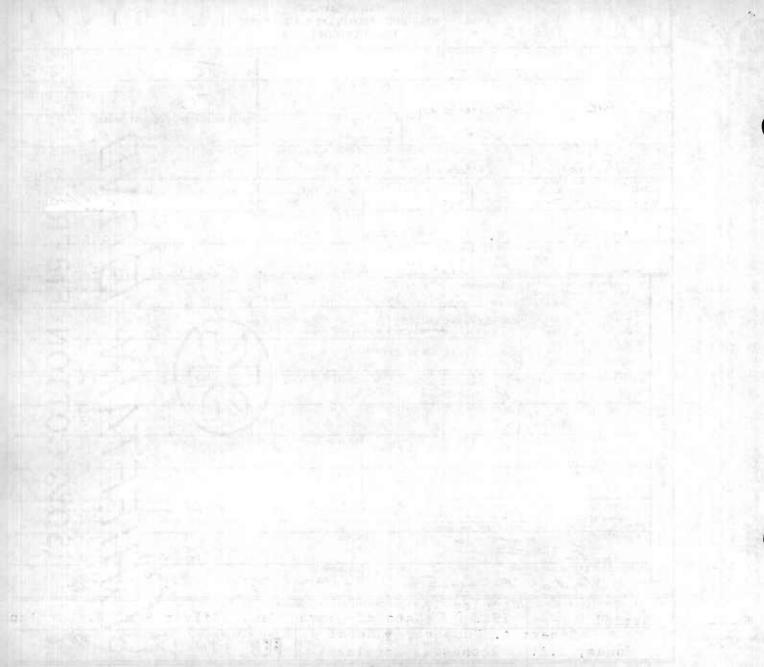
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./	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 037 3360 CERTIFICATE OF DEATH
3 E		REGISTRAR CERTIFICATE OF DEATH REG. NO. ECEASED NAME FOR PRINTS A PETERSON REG. NO. 1AST (Lambert) 70. DATE OF DEATH MONTH DAY YEAR 70. HOUR 1540 1540
ge 4 moy ector, pog irs ofter d	3. SE	F 4. RACE 3 S. DATE OF BIRTH S. DATE OF BIRTH MONTH 2 3-5 4 ARACE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR 15 UNDER 74 - 27 - 47 - 47 - 47 - 47 - 47 - 47 -
		SIRTHPLACE (SLATSOR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED 1
ours come filed		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 110 WITH SUCH PACIFITY, GIVE STREET ADDRESSY INDUSTRY 1AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
nin 24 h.	13a.	STATE 136 COUNTY 136 CITY OR TOWN 136 CI
complete		WAS DECEMBED EVER IN U.S. ARMED FORCES? IT SOME SECURITY NO. 17 INFORMANT ADDRESS
te be execution and coers. Pages of the medical	(18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
uires that the death certificatisigned by the ottending physis nen please remove corban paper to burial, cremation, or removal ury, or other traumatic event, t	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0
been mit. The prior it	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{VES} \(\text{VES} \) NO \(\text{VES} \)
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TO HOSPITAL TO HOSPITAL STORY TO FUNERAL Should be detoon with the Store MADORTANT: If	22-	PHYSICIAN A DIRECTOR PHYSICIAN D
04/BP		Burial 236 Date 236 NAME OF CEMETERY OF CREMATORY 236 LOCATION Baltimore Co. MD
DHMH - 16 50M 1/B1 (VRA 15, 4)		Wm. C. March F/H 1101 E. North Ave. JAN 8 1982

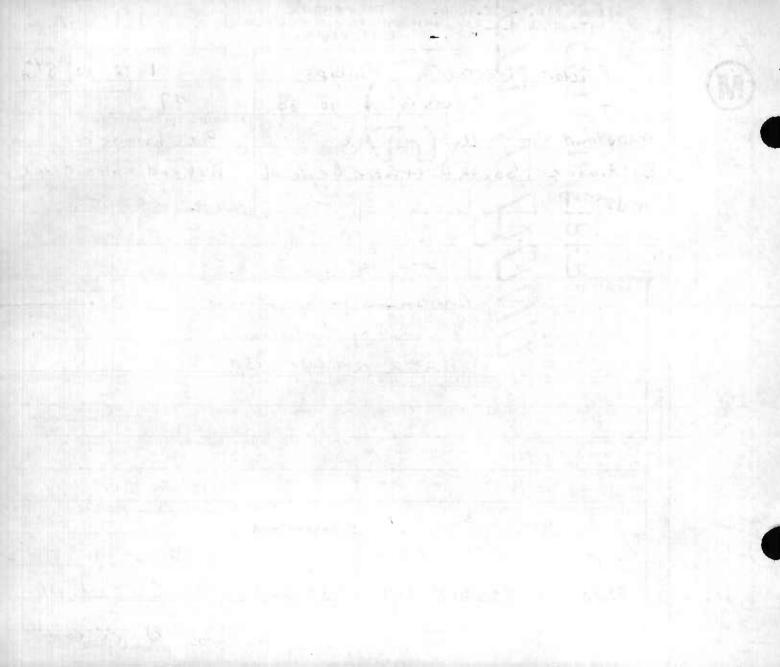


STATE OF MARYLAND

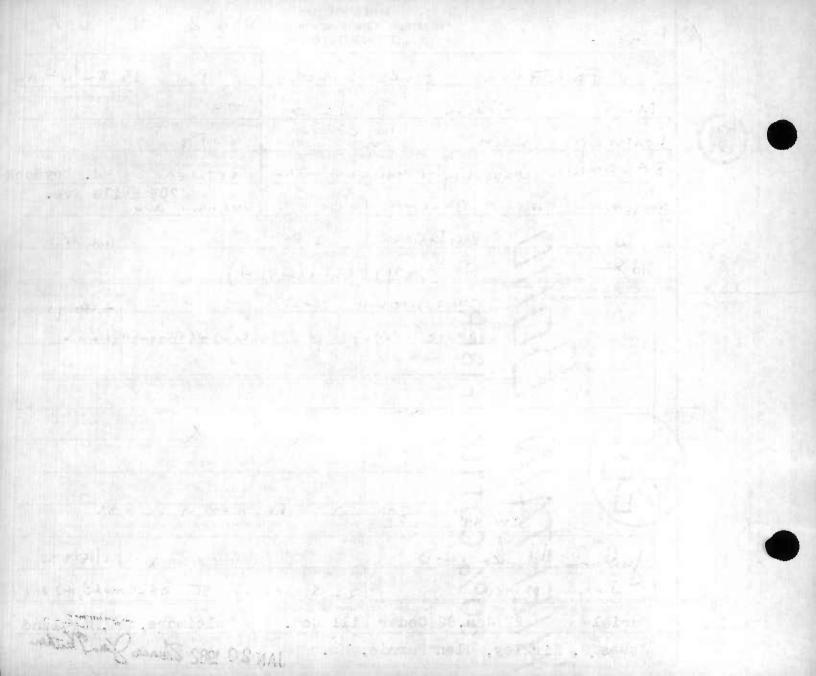
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	6 B	胜)		3 SE		I RACE	5. DATE O	DE BIRTH		6. AGE (IN YEARS LAST BIRT	- 0	NDER 1 YEAR IF UNDER 24 HRS
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157	cert	ng p	2		9889 IMMEDIA	TE CAUSE (a)	ur /r	mon	1 00	NOH.		
TO	death	e co			Conditions if any strict	DUE TO, OR AS CON	SEQUENCE OF	. 8	6.1.			
W. PRESTON ST	e de	motion			Conditions, if any, which gove rise to immediate	(b)	Crw v-v	7	sous	<u> </u>		
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DIVISION OF VITAL RECORDS, 201		mit	0	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	20b. IF YES, WI	RE FINDINGS USED
I RE	he lo	de de	4	TIFIC	- 3					YEST NOT	IN CERTIFYING	G CAUSES OF DEATH?
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9	ICIA P P P	rial-tr tental		AL	OR CONTRIBUTING CAUSE OF DE		H DAY TEAK					
ON	PHYSI	S Z D	5 [MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, 6	DEFICE EARLY STC)	21f LOCATIO	N	CITY OF TOY	/N (COUNTY STATE
N/S		Atter I		Σ	AT WORK AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	J. T. C.		Baltimo	ore Cit	y
-	ATTENDING ospitol or of	Use of			22a. I certify that (I) (this hosp			- 8	19 8 2	-, 10	8 19	that (I) (we) last
-	ATTE	of He			saw the deceased alive or above, (1) (we) (did) (did no	of) view the body ofter death.	19 8 . 0	Indete	our) opinion d	eoth occurred on the de	ate and hour and	d from the couses stated
	o Po	Dept.			226 SIGNATURE	1.1	,	DEGREE				22c. DATE SIGNED
		detoc ate D			puper of	. Howard	(m.	O. PI	TENDING HYSICIAN	MEDICAL STAN	IAN	gen. 8, 1982
	JSPI ed b	FUNERAL old be det of the State	3	1	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e. ADDRESS		,	THE T	/
		should be deto with the State			Sandra L	· Howard	mo.	13001	S. 1	Languer	S+ B	act. MD.
	7 e	- W 5 <u>4</u>		23a. B	URIAL, CREMATION, REMOVAL		234. NAME OF	EMETERY OR CI	REMATORY	23d. LOCATION CITY OR TOWN	COU	NTY STATE
	BP_			Bu	ırial	1/11/.82	Parso	ns Cem		Salisbur		Maryland
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ge 4 mo	3. SE:		4 RACE White	5. DATE OF BIRTH	6. AGE (INYEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER A HRS MONTHS DAYS HOURS MIN.
eoth Po	7a. BI	RTHPLACE TE OR FOREIGN COUNTY TE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore (ity
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n 24 hours	13a S	AL RESIDENCE (IF NURSING HOME OR STATE WAS COUNTY AND C	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N # 13# INSIDE CITY LIMITS?	13. STREET ADDRESS 325 Walton Avenue,
omplete ond 2)	Eugene H. Pittm	middle car, Sr.		auline Berry
be execu		ES. NO OR UNKNOWN) (IF YES, GIV	$\begin{array}{c} \text{MED FORCES?} \\ \text{WAR OR DATES} \\ a \end{array} \begin{array}{c} \text{16b SOCIAL SECU} \\ 219-38-0 \end{array}$		Pittman Same as #13
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ottending ter this co tond Me wed or 19	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211. LOCATION	CITY OR TOWN COUNTY STATE
TTENDIN ortolor TOR: Afr for use o of Heolth	×	220.1 certify that (I) (this hospit	al) attended the deceased from	ond that in (my) (aux) opinion	death occurred on the date and hour and from the couses stated
the hosp the hosp to DIREC etoched in the Dept.		oboye, (1) Ive) (did+(did not	view the gody after death	ATTENDING	MEDICAL STAFF
eformed by TO FUNERA should be di with the Sto		22d. PHYSICIAN'S NAME (TYPE OF	RPHAIL 2	PHYSICIAN [DIRECTOR PHYSICIAN /////
shoul	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 23c N	IAME OF CEMETERY OR CREMATORY	1234 LOCATION
BP		Burial	1/20/1982 91	en Haven Mem. Pk.	Glen Burrie, A. A. Co., Md.
DHMH - 16 50M 1/81 (VRA 15, 4)		Cully Funeral	Home 237 E. Pat	d., 21225 apsco Ave., 1250. DAT	N 19 1982 Registrates signature

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	1-	FOR STATE REGISTRAR		DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MEN RTIFICATE OF DEA	NTAL HYGIENE	} 2 REG. NO.	0 1 3	7.8
		CEASED NAME FIRST OR PRINT)	WIDDLE		LAST	2a. DAT	OF DEATH MONTH		26 HOUR
		MARGA			PLUNKETT		JAN.	6, 1982	
30	3. SE	(4. RACE	5. C	MONTH DAY	6. AGE	(IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
		'EMALE	WHITE	1	1/11/11	70		YRS	
35	(RTHPLACE (STATE OR FOREIGN OUNTRY)	U.S.A.	M	ARRIED NEVER MAR	RRIED 🛄	MORE CITY OR COLL LTIMORE	UNTY OF DEATH	٨
31		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACIL	TAL, NURSING HO ITY, GIVE STREET ADDRE OSPITAL	OME OR OTHER INSTITU	ITION 12a USL	IAL OCCUPATION WORK FOR MOST OF WORK ISEWIFE	KING LIFE) 12b. WIND O INDUSTRY OWN	F BUSINESS O
7	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COURTED BALT	NTY 13c. C	SIDENCE BEFORE ADMI	1 13d. INSIDE CITY		ET ADDRESS		
	_	THER'S NAME JOSEPH	MIDDLE	1241	15. MOTHER'S MA	AIDEN NAME	MIDDLE	BRYS	T .
	140 \4	AS DECEASED EVER IN U.S. A		ITEFIEL OCIAL SECURITY		RINE	TO TOWN DIRECT ACC	BRYS	ON
medic			IVE WAR OR DATES)	NONE	MRS. BI	ETTY PRE	STON, 475	ORE, MD.2	1206 ORD AV
s any injury, or other traum	CERTIFICATION	Canditians, if any, which gove rise to immediate couse (o), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT	((c)CONTRI	CONSEQUENCE			UTOPSY? 20b.	N GIVEN IN PART 110 IF YES, WERE FINDIN ERTIFYING CAUSES	NGS USED
	RTIF				F1000000000000000000000000000000000000	YES [NOM	YES 🗌	NO 🗌
18 g		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE			7EAR 21c. HOW INJUR	RY OCCURRED (ENTE	R NATURE OF INJURY IN ITE	EM 18 PART 1 OR PART 2)	
rked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN. (AT HOME, STREET, FAI	JURY CTORY, OFFICE, FARM, E	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
ORTANT: If Item 21 is mo		22a.1 certify that (1) (this hasp saw the deceased alive o abave, (1) (we) (did) (did n 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	n 1/6 at) view the body ofter o	10 +2	DEGREE ATTE	NDING MEDIC		22c. DATE	couses stated
DRTAN		ZZO PHISICIAINS NAME (TYPE	OR PRINT)		220 ADDRESS		1		

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e ±	1. DEG	CEASED NAME PREST	Woodro		EAST	Q	REG. NO 20. DATE OF DEATH	MONTH DAY	0	HOU
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is offer	3. SE	Male	4. RACE	nite	5. DATE OF E	24, 1914	6 AGE (IN YEARS LAST BIR)	YRS.		URS
72 Hou		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIED A	NEVER MARRIED	9. BALTIMORE CITY O Baltimo	R COUNTY OF	411	
the fundament within	₹0. CI	inginia TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	AUUDECCI	OTHER INSTITUTION	120 USUAL OCCUPATION OF OF MOST O	ON F WORKING (IFE)	126 KIND OF BU	
e file		Baltimore /	OR OTHER INSTITUTION	Samarit	E ADMISSION)		Technici	an . I	Refrige	er'c
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and 2 second 2 second 2 second 2 second 2 second 3 second	14 FA	THER'S NAME FIRST Reiley	WIDDLE	Poff	15	. MOTHER'S MAIDEN NA/	WE	٨	Aills	
Pages 1		VAS DECEASED EVER IN U.S. (15 NO OR UNKNOWN) (15 YES,	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 245 07		Oakey Fune	addre eral Home		oke. Va	a.
physicia popers. naval. ent, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe JSED BY: JATE CAUSE (a)	r line for (o), (b), one	id (ch.)	· +			APPROXIMATE BETWEEN ONSET 20 min	
0 0 + 0		gove rise to immediate couse (D), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF SEVERE PURGLEY FIBRORY FIBRORY RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(D)								
een signed by the o it. Then please remo ior to burial, cremat y injury, or ather tra	ATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	(c) IT CONDITIONS <u>C</u>	Severe	ENCE OF MIN ON EUT NO	Fib resis/				
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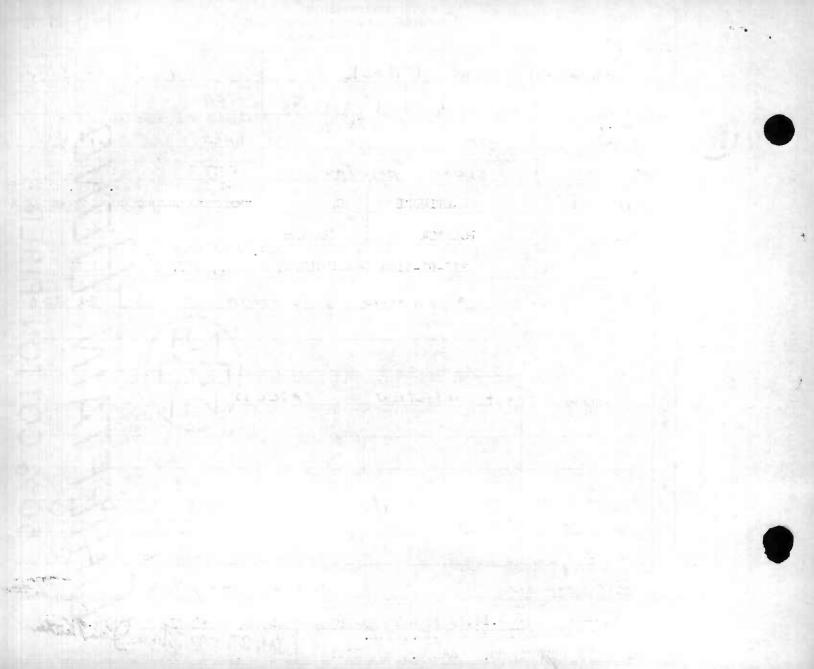
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PI	FOR - STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	TYGIENE 8 2 0	1 3 8 0
	ECEASED NAME FIRST PE OR PRINT!	o N	Polito	20. DATE OF DEATH MONTH D	28. 1100K
13	ex M	4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	75. CITIZEN OF WHAT COUN	RY? 8. MARRIED NEVER MARRIED !	9 BALTIMORE CITY OR COUNTY	
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e a USI	JAL RESIDENCE (IF NURSING HOME STATE LIBERCOL	JNTY 13c. CITY OR		7 13e STREET ADDRESS 712 Andover Rd	Linthigue 90 Md
020	AMED AO	MIDDLE POLL	TO MARIA	ROSA T	ORRUS 10
medic oge	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	IRMED FORCES? 166. SOCIAL (IVE WAR OR DATES)	5-2400 CONCETTA	TAMPIELLOPOLITO	SAME AS #13 APPROXIMATE INTERVAL BETWEEN ON SET AND DEATH
ry, or other troumotic event, the	PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANY	DUE TO, OR AS A CONS (b) (b) DUE TO, OR AS A CONS (c) (c) (c)	equence of	Cupla Cupla Cadwaralalo-	27, 24
ws ony inju	190. DATE OF OPERATION	v \$.	HICH OPERATION WAS PERFORMED HYdweight -	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
()	2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 2)d INJURY OCCURRED	EATH HOUR A.M. MONTH	DAY YEAR 19 216. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM. 18. PA	RT I OR PART 2)
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	sow the deceased alive a	pital) attended the deceosed from the party of the bady after death.		on death occurred on the date and hour	9, that (I) (we) los and from the couses stated
	274 PHYSICIAN'S NAME ITTE	alle Juga	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
should be det with the Stote IMPORTANT:	ALEIAG	ono MEII		relever Spelled 21	227.
24	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL FUNERAL DIRECTOR A A	1/16/82	ST. FRANCIS CEM	CITY OR TOWN	R. I.
M 2/80	NAME CIDAT	ERAL SERVICE	223	JAN 1 2 1982 Am	w Jan Martha

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 26. HOUR poge 3 er death LIYPE OR PRINTS 82 JONAS Ahraham 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR 93 MALE CAUCHSIAN BALTIMORE CITY OR COUNTY OF DEATH CITIZEN OF WHAT COUNTRY BALTIMONE DIVORCED [CUTTER BALTIMONE CLOTHING 4004 GLENGYLE AVE. APT. C 130 STATE 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? BALTIMORE YESXIX MD 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE PAUL HANNAH POLLACK MAYER MRS. ANNA POBLACK 166 SOCIAL SECURITY NO 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OR UNKNOWN 4004 GLENGYLE AVE., APT. C 213-01-1194 #21215 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: Red. 20 PIRATION DIEW MONIA IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION ASCUD 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be YES [NO [NO 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that in (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on (did (did not) view the body ofter death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be deto with the Stote PHYSICIAN DIRECTOR PHYSICIAN 226 PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ZMANN 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL BURIAL JAN.14,1982 BETH HAMEDROSH HAGODOL 24. FUNERAL DIRECTOR SOL LEVINSON BROS., DHMH- 16 30M 2/80 (VRA 15, 4) 6010 REISTERSTOWN RD. 21215 BALTO., MD



DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 25 HOURA AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 'DIVORCED 15. MOTHER'S MAIDEN NAME 17 INFORMANT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 211 LOCATION CITY OR TOWN COUNTY STATE STREET nd that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIANT 22e ADDRESS RALTIMORE COUNTY IN WESTERN STAR CEM 24 FUNERAL DIRECTOR ADDRES MARKITID 21216 ENATTER FILMERAL HUME 3035 IN NORTH AUP.

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be Hygien

Item 18

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH YEAR 26 HOUR 6100 TYPE OR PRINT! anceres WEYMAN HOWELL POMEROY 4 RACE 5. DATE OF BIRTH 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR YEAR Male White 7/17/15 66 TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED T Maryland WIDOWED Baltimore. Georgia AME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LIYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY American Seaman Wyman Park Health System Shrimo Baltimore USUAL RESIDENCE (IF NU COUNTY 13a STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Georgia Darien P.O. Box 1109 31305 NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Howell Pomeroy Pearl Amelia Davis Jesse ADDRESS Lyons, Ga. 160 WAS DECEASED EVER IN U.S. ARMED FORCES" 66 SOCIAL SECURITY NO 17 INFORMANT Pearl A. Sharpe 104 W. Wesley Avenue 260-09-299 no 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if arry, which gave rise to immediate couse lat, stating underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION TRACETUMAL E JOPHAY ME 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOP YES I NO T 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE Jun . 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on Jan. 5 gramma. and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED W. D. ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIANS 22d PHYSICAL BAME THE ORPRINE 22e ADDRESS

DHMH - 16 50M 1/81

FUNERAL old be deto MPORTANI

Shoul with

Removal/Burial Balto., Md. (VRA 15, 4)

FLORANTE

230 BURIAL, CREMATION, REMOVAL

23b. DATE 01-09-82

23c NAME OF CEMETERY OR CREMATORY Lyons City Cemetery

23d. LOCATION CITY OF TOWN Lyons

3100 WYMAN PARK DE: BALTO. HId

Toombs

March -

Georgia D. BY REGISTRAP TO REGISTRAPE SUCCESSION FOR

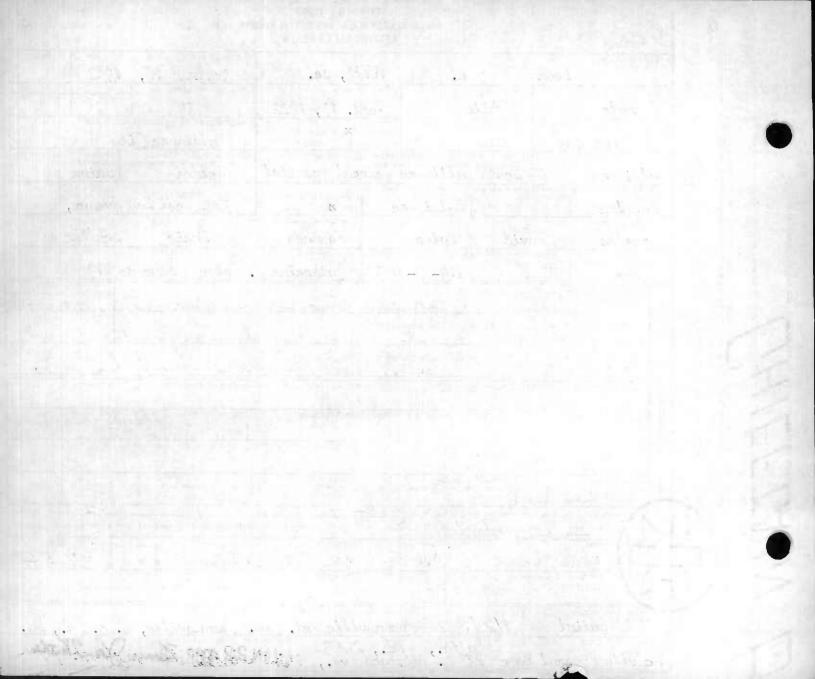
21229 ADDRESS Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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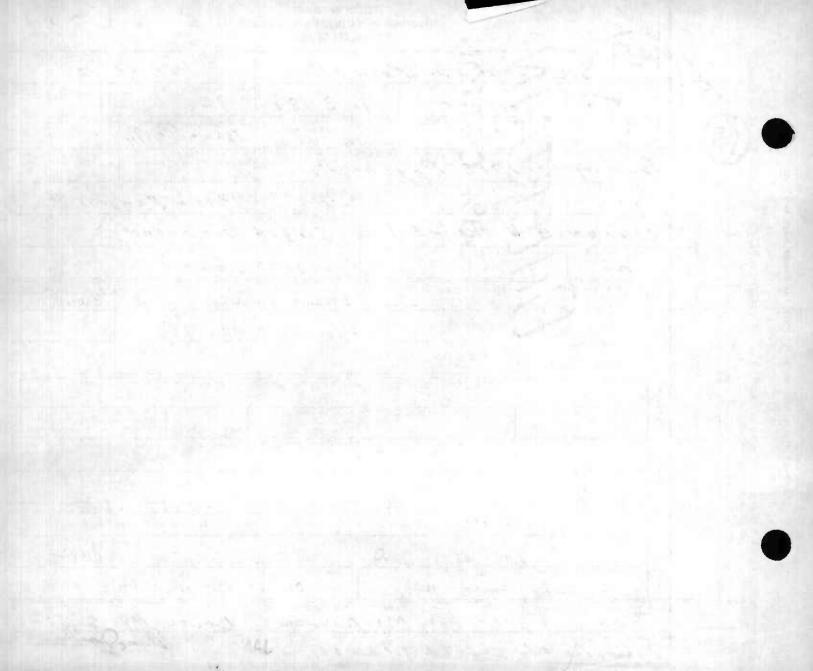
btl	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYD ICATE OF DEATH	REG. NO	0 1	384
moy be to be death		WALT	WALTER MIDDLE GR	R. P000	S. DATE O			MONTH DAY Y -27 - 8" HDAY) IF UNDER	EAR 26 HOUR 22 MIN.
		Male	White		May	5, 1908 YEAR	73	YRS.	DATS HOURS MIN.
Fall :		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT	COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEA	тн
CAN 12	Pe	nnsylvania	USA		WIDOWE		Baltimore	City	MD.
ours off in by the se filed -	8	altimore	Lutheran	Hospit	address)	DR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Stockman	ON 12b. K WORKING LIFE) INDU	IND OF BUSINESS OR STRY
n 24 hou filled in hould be	13a. :	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU aryland	NTY 13c. C	SIDENCE BEFORE CITY OR TOW Balto		13d. INSIDE CITY LIMITS? YES XX NO	13e STREET ADDRESS 311 - Not	tingham R	Rd.
makru ed withi ond 2 s	14 F/	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST	WE		LAST
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cote be executioned compers. Pages 1 vol.			VE WAR OR DATES)	OCIAL SECU	RITY NO.	17 INFORMANT	ADDRES		
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y the otten te remove co coremation,		Conditions, if ony, which gove rise to immediate	(b) n	MOCO	ivali	al intari	chin		
the the rem		cause (a), stating the	DUE TO, OR AS A	CONSEQUE	NCE OF				
es that ned by please urial, cr		underlying couse lost.	(c)						
sign hen hen to bi	20	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PA	ART 1(o)
	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION	FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
hos I peri	IFIC						YES TI NOW	IN CERTIFYING CA	NO [
NG PHYSICIAN: The low rottending physicion. When this certificate hos bee os the buriol-transit permit, thond Mental Hygiene prion orked or frem 18 shows any orked or frem 18 shows any	CER	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR)	
SiCIAN: TI ag physicic certificate riol-transit ental Hygi frem 18 sh		OR CONTRIBUTING CAUSE OF DE		MONTH DA	Y YEAR	Section 1			
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DING PHY or offendi After this is os the bi olth and M morked or	ž	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FAI	CTORY, OFFICE, F.	ARM, ETC.)	STREET	CITY OR TOW	ZN COUP	STATE
1 0 a a 0 E		22a. I certify that (I) (this hosp	ital) attended the dece	eosed from_	1/2	6 19 57	= 10 1/27	198	that (I) (we) last
TTEN putol TOR for u of He		sow the deceased alive or above (f) (we) (did) (did no			87.0	nd that in (my) (our) opinion	death occurred on the do	te and hour and fro	m the couses stated
hosp hosp thed them them	17	17h SIGNATURE	or) view ing body offer	degin.		DEGREE		22¢.	DATE SIGNED
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TO HOSPITAL TO FUNERAL Should be deal with the Stoat		(mozed	lubre	man	·				
with Man	23a.	BURIAL, CREMATION, REMOVAL		770.0	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		
8P		(SPECIFY) 8urial	1/30/82			hedral Cemete	CITY OR TOWN	E . Md .	STATE
DHMH-16 30M 2/80	24 F	UNERAL DIRECTOR 1630		AVR	Cater	SVIIIe Md 250. DAI	E REC'D. BY REGISTRAR	36. REGISTRAR'S SE	GNATURE
(VRA 15, 4)	W.	itzke Catonsvil	le Funeral	Home,	P. A.	21228 JA	N 29 1982	Marca V	an Warthen

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4 mo	3. SE	and in	gna	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN
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RE:	1	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (15 YES, GIVE WAR OR DATES)	ADDRESS
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(VRA 15, 4)	JA	S. A. MORTON	ADDRESS 6	N 29 1982 Cares Jan

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ITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DER SHOWNG" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, ANN 31 CHEF MEDICAL EXAMINER ALONG WITH FORM, PM 3. RETAIN CHEATH AND MAINTENENT PERMIT, PAGES 1 4MD 2 SHOULD BI CHEATH AND MAINTENENT PRIMIT, DIVISION OF MITAL, HEGORID URIAL, CREMATION, OR REMOVAL.	130,05	AL RESIDENCE (IF IN NUR TATE aryland	SING HOME OR OTHER	R INSTITUTION, GIVE	RESIDENCE BEFORE ADMIS 134. GITY OR TOWN DOLLING	sion)	13d. INSIDE CITY LIMITS?		Eliam St.		
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DIVISION OF VITAL REC TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD B EXECUTE THE CERTIFICATE. WRITING THE WORD "FEN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF ME TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AA ATER DEATH. WITH THE STATE DEPARTMENT OF HEAL BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CR		220. I certify that I	taak charge af the	e remains descr	ibed abave, held an	Autap	y Inspectia	n , Inquiry	and in m	y apinian	
EXAMINE CERTIFICATION BE FOUND BE FOUND HELD BE ARRYLAND ARRYLAND ARRYLAND BE FOUND ARRYLAND BE FOUND		death resulted fram:	Natural caus	ses X. A	Accident	ivicide 🔲	, Hamicide	Undetermined mo	anner,		
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ZHY KHA		SIGNATURE	TAFA	X	T	M	D. Assistan	MEDICAL EXAM	AINER SIC	GNED 1-3-	-82
MEDICAL CUTETHE CUTETHE FUNERAL LIMORE,	1	EXAMINER'S NAME (TYPE OR PRINT)	Ann M	. Dixon	, M.D.	_	ADDRESS 111 F	Penn St.			
TO MEDIC EXECUTE 1 PAGE 4 S TO FUNEI PAFTER DE/ BALTIMOF	23a B	URIAL, CREMATION, RE			23c. NAME OF CE		ADDITEOU.	23d LOCATION			
-L. 64. () 64.	{:	Burias	1 1		Druida	. 1	emetery	Baltimo		COUNTY	STATE
BP/	24 F	UNERAL DIRECTOR					250 DATE				yland
DHMH - 17 (VR A15 ME (5))	Ma	Cilly Fune	ral Home	, 130 REST.	Fort Abe.	Balto.	Mt. J	AN 5 198	Manu	Janla	Ellen

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V		1			STATE OF MARYLAND	0 0 1	1 7 9 3
1		1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE O 4) 1 0 7 0
				rence Prince	CERTIFICATE OF DEATH	REG. NO.	
Lan	1		CEASED NAME FIRST OR PRINT)	WIDDIE	D'ST .	20. DATE OF DEATH MONTH	DAY EAR 26 HOUR
THE STATE OF)		Amy	Florence	Prince	//	12/82 7:50Pm
1	/	3 SE		RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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- o · ·	÷ ÷		18 CAUSE OF DEATH (Enter only				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physici npoper	event,		PART I. DEATH WAS CAUSED IMMEDIATE	BY:	estive Heart	Failure	Services Original Dear
ding orbo	ofic e		4039	DUE TO, OR AS A CONSEQUE	NCE OF	1 - 1	
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the remo	other tr		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	1-000	se	
thot d by eose iol, cr	or of		underlying couse lost	(c)			
uires the igned b en pleos buriol,	ury, o	z	1 /1 -1	The sale of the	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION (GIVEN IN PART 1(0)
ow requirements.	je	S.	Adult Ons	7,00	Mellitus Operation was performed		VEC. VIETE EN INC.
os b	No O	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	TIFYING CAUSES OF DEATH?
The sicior sicior sicior nsit p	shows	ERTI	71g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	Tale HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	YES NO
SICIAN: T ng physici certificate priol-transi	89		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR	(ENTER NATURE OF INJURY IN THEM I	O PART I OR PART 2]
ding ding s cer buric	or Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211. LOCATION		
G Pt orth	ked	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
or or se os	mor		27s I certify that (I) (this hospita	tended the deceased from_	12/30 1981		19 82 that (I (we) as
pitol TOR for u	21 is		saw the desame (live on above (i) (we) (didi) did not)	1/12/8219	, and that in (my (our) openion	death occurred on the date and h	
OR AT te hosp DIRECT Dept. of	Hem		27h SIGNATUR	10	DEGREE		22c. DATE SIGNED
	Ŧ. F		Craig	1. Welsen	m.D. ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1/12/82
HOSPITAL ned by the FUNERAL uld be det	TAN		22d PHYSICIAN'S NAME IMPEORE	1 1 /	22e ADDRESS	1	- /
TO HOSP retained b TO FUNE should be with the S	Od		Craig	1. Nelson	M.M. South	Bullimore	General.
of Stay	3	23a. I	URIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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DHMH-16 30M 2/8	30	24. F			1166)	TE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
(VRA 15, 4)		G	eorge J. Gonce	4001 Ritchi	e Hgwy	N 14 1982 March	en Can Testher

erniar eaverage services Marie Well and the Control of the Co number of the law seems of the second section of the second secon DECEMBER OF THE PROPERTY OF TH

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STA MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME 20. DATE KNOWN () (TYPE OR PRINT) ESTI-Andre Michael Proulx DEATH MATED 19 82 4 RACE SEX DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 1:45 DATE LAST BIRTHDAY) MONTHS PRONOUNCED Male White 1962 3 DEAD Aug 19 31 19 82 76. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE ISTAIL OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Maryland WIDOWED DIVORCED Baltimore City FILED, 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION ITYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Painter SHOULD BE FALL RECORDS. Baltimore Washington Blvd & Patapsco Ave. Race Track USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Balto Md. Co. Baltimore Hammonds Ferry Rd. 3211 NO X . FATHER'S NAME 15. MOTHER'S MAIDEN NAME N E PAGE FORM PM MIDDLE MIDDLE FIRST LAST Arthur Kathleen Proulx Richmond 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 21227 166. SOCIAL SECURITY NO TE, WRITING THE WORD "PENDING IN FERVILL."

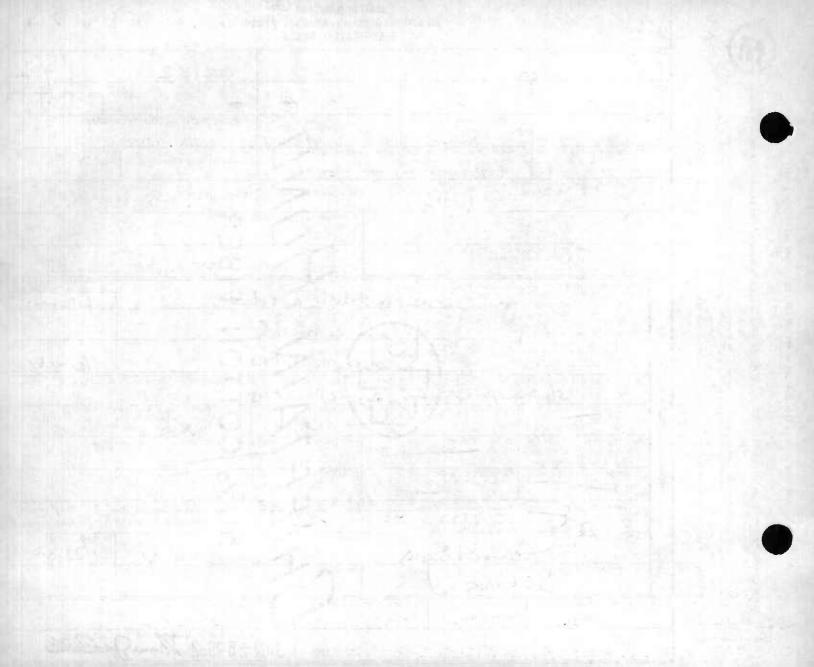
FRANDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR THE PAGE 3 SHOULD BE USED AS A BURAL TRANSIT PERMIT PAGES 1 STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION DE 21201 PRIØR TO BURIAL, CREMATION, OR REMOVAL. YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! 86 0100 NO Kathleen Wentworth 2749 Arbutus 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 1 35 KM 31 1982 driver in auto/fixed object impact 210 PLACE OF INJURY (ATHOME. 21f LOCATION 214 INJURY OCCURRED TO MEDIA.

EXECUTE THE CERTIFICATION OF A SHOULD BE FORWARD.

TO PUNEAU DIRECTOR PAGE 3 SAFE BEATTINORE MARYLAND 21201 F STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE AT WORK AT WORK street 3000 BIK. Patapsco Ave. Balto, City, Autopsy X 220 I certify that I took charge of the remains described above, held an and in my apinion death resulted from Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL Deputy Chiefedical EXAMINER DATE 1/31/82 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. Balto., Md. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Pk Baltimore May and The Pk Baltimore May and Burial Meadowridge Mem Pk 24. FUNERAL DIRECTOR Balto **DHMH-17** Gonce 4001 Ritchie Hgwy George J. (VR A15 ME (5) 15M 2/80

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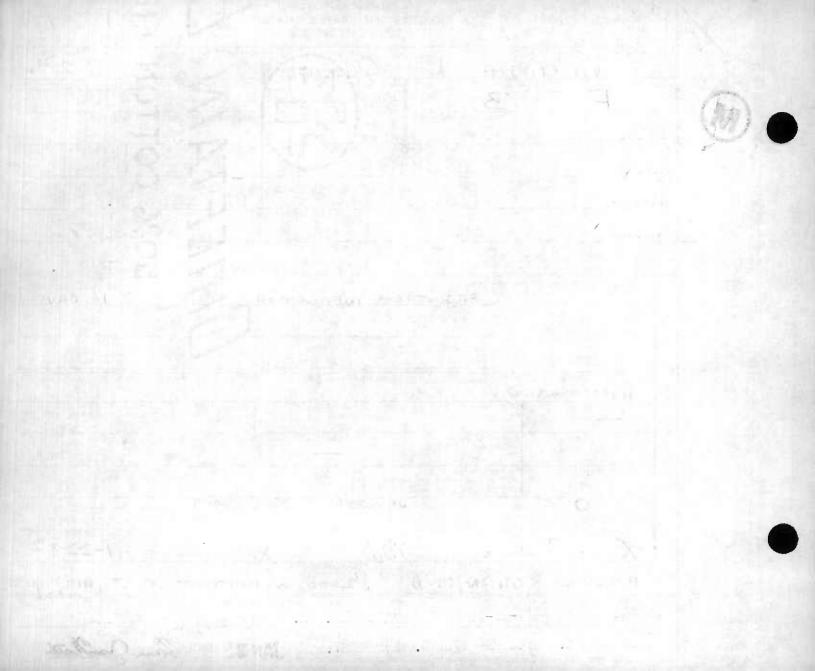
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de o de o				ORA	Α	PRYOR			1/22/82		90 7 AM
frer p		3. SE	X	4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BIRTHDAY)		FAR IF UNDER 24 HRS
oge ,			Female	Bla	ack	9	24	07	7.4	YRS.	KIS MIN,
h. Po	- Societies	70. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	D NEVER M	ARRIED 🗆	9. BALTIMORE CITY OR CO	UNTY OF DEATH	4
deat deat	-5_		MD	U.	S.A.	WIDOWE	DIX DIV	ORCED []	BALTO, C	TTY	MD
fter of he for with	17 Piled	10. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NU	IRSING HOME C	OR OTHER INSTI	TUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	12b. KIN	D OF BUSINESS OR
201 by filed			TIMORE	UNIC	ON MEMO	RIAL HOS	SPITAL			INDUST	N. C.
D 21:	st be	13a	AL RESIDENCE (IF NURSING HOSTATE 13b. C	ME OR OTHER INSTITUTION	13c CITY OR	TOWN	134 INSIDE CIT	TY LIMITS?	13e STREET ADDRESS		
AND n 24 n 24 hould	1		MD	EMPLIA VI	Baltir	nore		NO 🗌	305 E. Laf	ayette A	ve.
RYL withi	nine	14. F/	ATHER'S NAME FIRST	WIDDLE	LAST	P. P. S. S.	15. MOTHER'S	MAIDEN NAM	AE MIDDLE	TEST OF	
MAR ied w	exom		Robert	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	John	son	Eli	zabeth			P LAST
Secular Code	medicol		VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMAN	11	ADDRESS		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN. The law requires that the death centicate be executed within 24 hours or offending physician. We been signed by the offending physician and completely filled in by as the burial-transit permit. Then please remove corbanappers. Pages I ₂ and 2 should be file on the burial-transit permit. Then please remove corbanappers. Pages I ₂ and 2 should be file.	ae a	L.	No	S, OHE WAR OR DATES	N/A		Harol	d Bank	s 305 E. L	afayette	: Ave.
BAL cote	t, the		18. CAUSE OF DEATH (Ent	er only one couse pe	r line for (o), (b	1, ond (c).)				APP BETWI	ROXIMATE INTERVAL EEN ONSET AND DEATH
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the the			gove rise to immediat cause (a), stating th	-	R AS A CONSE	ONENCE OF	,	0 (1
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os, 26 puires signed nen pli	ry. o		PART 2. OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED	O THE TERMI	NAL DISEASE OR CONDITIO	N GIVEN IN PART	T I(o)
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Al. Al. The Sion.	No No	TIF				~			YES NO	YES	NO [
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PHY endir	_ 0 '	MEDICAL	21d. INJURY OCCURRED	TAT MONE ST	OF INJURY REET, FACTORY, OF	FICE FARM STC)	211 LOCATION	V	CITY OR TOWN	COUNTY	STATE
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F & 174	121		sow the deceased ofive above, (1) (we) (did) (did	e on d_not) view the body	offer death	9 82, on	d that in (my)	our opinion d	eath occurred on the date on	d hour and from	the couses stated
OR A DIREC	Hen		22b. SIGNATURE	7	110		DEGREE			22c. D/	AVE SIGNED
ral y the	ote T. T.			House	2 day	red)		TENDING HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8 (1	155/85
HOSPITAL ined by th FUNERAL	STAP		22d. PHYSICIAN'S NAME (/ .			22e. ADDRESS		7		
TO HOSI	MPORTANT: If		4	DEKIN	9		100				
25 25 42	3 4	23a. E	URIAL, CREMATION, REMO	VAL 23b. DATE		23c. NAME OF CI	EMETERY OR CR	REMATORY	23d. LOCATION		
205 BP			Burial	1/28/	/82	King Me	morial	Park	Balto. Co	COUNTY	MD
DHMH-16 30M	2/80	24. FU	INERAL DIRECTOR				10.70	25a. DATE	REC'D. BY REGISTRAR 25		PURE
(VRA 15, 4)		Wm	. C. March F	H, Inc.	1101 E	. North	Avenue	JAN	125 1982 Ana	an france	MARKERS

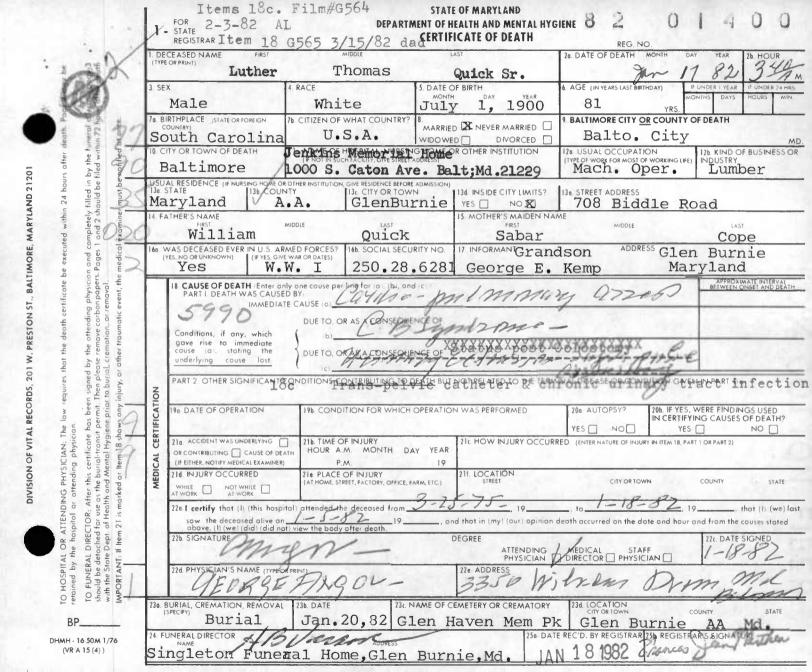


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letter, page 3 relater death

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and car should be detached far use as the burial-transit permit. Then please remove corbanipapers. Pages 1 with the State Dept. of Health and Mental Hygrene priar to burial, cremation, or removal.

1	1.	FOR STATE REGISTRAR	/		DEPAR	RTMENT OF H	E OF MARYLAI IEALTH AND M ICATE OF DI	ENTAL HYG	IENE 8	2 REG. NO	0	1	nia)	O	2
		CEASED NAME	FIRST		MIDDLE	l	AST		20. DATE OF	DEATH	MONTH	DAY	YEAR	26 HOUR	R
			LAURA		М.	RA	HM				01	21	82	3:00	PM
	3. SE	X		4 RACE		5. DATE C	OF BIRTH	1	6. AGE (IN YE	ARS LAST BIR	HDAY)	IF UNDE	RIYEAR	IF UNDER 2	
1		FEMALE	gard.	WH	ITE	0.7	06	O2			9 YRS	MONTHS	DAYS	HOURS	MIN
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35		ARYLAND		U.	S.A.	WIDOWE		ORCED X	BAL	TIMOF	E CI	TY			MD
2	10 C	ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURS	SING HOME	OR OTHER INSTI	TUTION	120 USUAL C					F BUSINES	SSOR
10	В	BALTIMORE			ON MANOI		ING HOME		PRODU			C	HRIS	STMAS	OR
30	T30. S	AL RESIDENCE (IF NUR STATE ARYLAND	13b COUN		130. CITY OR TO BALT TM	NWN	13d. INSIDE CIT	Y LIMITS?	13e STREET A	DDRESS ASHIN	WORK			AMEN ARD	TS
		ATHER'S NAME					15. MOTHER'S	MAIDEN NAM							
20		WILLIAN		MIDDLE	Z IMMERI	MAN		NIE		WIDDIE		U	NKNC	WN	
1		WAS DECEASED EVER	IN U.S. AR		166 SOCIAL SE		17 INFORMAN			ADDRE	SS	100			
1	(NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	216-10	-4431	CALVIN	R. RA	HM 12	20 CI	EVEL	AND	ST.	212	30
		Canditians, if any gave rise to im couse (a), stati underlying coust	mediate ng the lost	((c)	R AS A CONSEC		NOT RELATED T	O THE TERM	INAL DISEASE	OR CONI	NTION C	VEN IN S	DADT 11-		
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9	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFOR	MED	200 AUTOF	NO	IN CERT			GS USED OF DEATH	
9	EDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING [] LIFEITHER NOTIFY MED	CAUSE OF DEA	HOUR A.	M. MONTH M.	DAY YEAR	211 LOCATION		ED (ENTERNATI	JRE OF INJUR	Y IN ITEM 18	PART 1 OR	PART 2)		
	MED	AT WORK AT WO	HILE D	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)				Q.	,	CITY OR TOV	vn ,	coi	UNTY	51	ATE
	22a.1 certify that (1) (this hospital) attended the deceased from													e) last ted	
		22b. SIGNATURE	Jul	ful		M	-1/ PH	TENDING HYSICIAN	MEDICAL DIRECTOR	STAF PHYSIC		1	DATE S	2.8	2
1		22d. PHYSICIAN'S N	AME (TYPE O	R PRINT)			122e ADDRESS		3500						
		SUKH DEV	AUJL	M.D.		III TO THE	5400	OLD CC	OURT RO	AD,	21133				
		BURIAL, CREMATION	REMOVAL	236 DATE	23	NAME OF C	EMETERY OR CR	REMATORY	23d LOCAT	ION		COUN	TY	51- S- 51	ATE

LOUDON PARK

DHMH - 16 50M 1/81 (VRA 15, 4)

BURIAL
24 FUNERAL DIRECTOR 21229 4107 WILKENS AVE. HUBBARD FUNERAL HOME, INC.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH DECEASED NAME TYPE OR PRINTS RAIFF GRACE 4. RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAD 12 13 95 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSIN INDUSTRY BALTO. MORTH CHARLES USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 134 INSIDE CITY LIMITS? 14. FATHER'S NAME

WAS DECEASED EVER IT	U.S. ARMED FORCES (IF YES, GIVE WAR OR OATES)		Mrs Consta	nce BArne	4815 a WAllington
PART I. DEATH WA	S CAUSED BY: MMEDIATE CAUSE (0)	er line for (a), (b), and (c).)	Carcinoma		APPROXIMATE INTERVAL
Conditions, if any, gave rise to imm cause (o), stoting underlying cause	diate the DUE TO,	OR AS A CONSEQUENCE OF	penantio		
PART 2. OTHER SIGN		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN		N GIVEN IN PART 1(0)

21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the decaased from. sow the deceased alive on,

abave, (1) (we) (did) (did nat) view the body after death

211 LOCATION STREET

CITY OR TOWN

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

MEDICAL

NO

COUNTY

IN CERTIFYING CAUSES OF DEATH?

YES T

STATE

NO [

and that in (my) (au) opinian death occurred on the date and hour and from the causes stated 22s. DAJE SIGNED

22d. PHYSICIAN'S NAME ITYPE OF PRINT)

226. SIGNATURE

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

CERTIFICA

38

marked or

should be deter with the State IMPORTANT:

CHOUVALIT

21b. TIME OF INJURY

P.M.

HOUR A.M. MONTH

ATTENDING

PHYSICIAN

COUNTY

DHMH-16 30M 2/80 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE

230 NAME OF CEMETERY OR CREMATO

DEGREE

DIRECTOR PHYSICIAN

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DAY

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Item #7b Film G564 2/10/82 rc

- STATE

TYPE OR PRINTS

REGISTRAR DECEASED NAME

DHMH - 16 50M 1/81

(VRA 15, 4)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (ash) opinion death occurred on the date and hour and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN 3009 Evergreen Ave Baltimore Maruland STATE Burial Baltimore, Maryland 2/2/82 Parkwood 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Leonard J Ruck Inc. Baltimore, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

2b HOUR

12b. KIND OF BUSINESS OR

IF UNDER 1 YEAR

10:15R

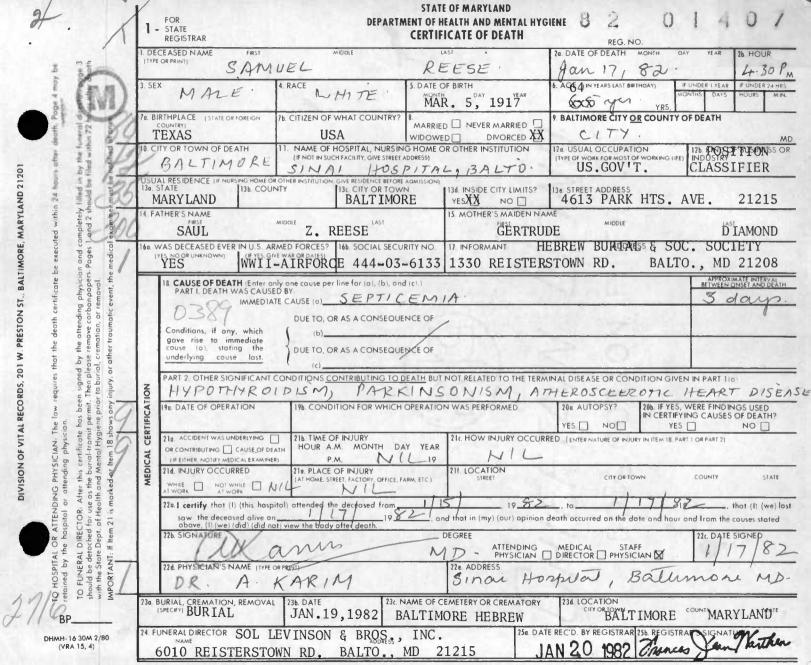
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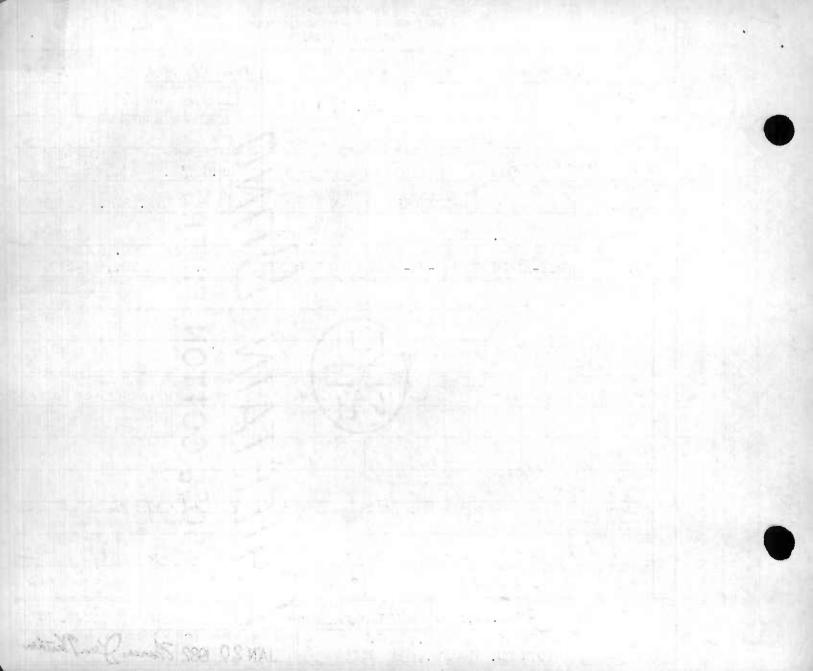
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG. NO DECEASED NAME O DATE KNOWN X LIVE OF ARINT ESTI-1982 Reddick L. Anthony DEATH MATED 4 RACE YEAR SEX 5 DATE OF BIRTH IF UNDER 1 YR. JE LINDER 24 HRS DATE 2d HOUR YEAR LAST BIRTHDAY) PRONOUNCED black male 2 60 DEAD 17 21 1982 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED X 5 FOR FOREIGN COUNTRY) Baltimore City USA Md WIDOWED DIVORCED ES 1, 2, AND 310 THE FULL PM 3. RETAIN PAGE 5 FUND 2 SHOULD BE FILED YITAL RECORDS, 201 ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION ITYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimnee 121 Gay USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION) 13a STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 136 COUNTY 13c CITY OR TOWN Baltimore N. Ensor Street Md YES X NO 11603 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Reddick Wingfield Virginia J. Oscar 16a WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO 17. INFORMANT ADDRESS ED AS A BURIAL - TRANSIT PERMIT, PAGES I HEALTH AND MENTAL HYGIENE, DIVISION IL, CREMATION, OR REMOVAL. IYES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Oscar Wingfield 1325 Central Ave N/A No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of head (DUE TO, OR AS A CONSEQUENCE OF Weapon: Unspecified Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 100 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, YES XX NO [DRWARDED TO THE CH R: PAGE 3 SHOULD BE U E STATE DEPARTMENT O D, 21201 PRIOR TO BUR 21g EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH subject shot 3:00AM 1982 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK MD N. Gay Street, Baltimore. AT WORK disco TO MEDICAL EXAMINER: THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE SIT, BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held on Inspection Inquiry and in my apinian Hamicide XX Accident Undetermined manner TITLE (SPECIFY) ACTUAL Assistant DATE SIGNATURE_ SIGNED 111 Penn Street, Balto.MD 21201 EXAMINER'S NAME Hormez R. Guard.MD TYPE OR PRINT 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN STATE Burial King Mem Park 182 Balto 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTR William C. March F/H 1101 E. North **DHMH-17** (VR A15 ME (5))

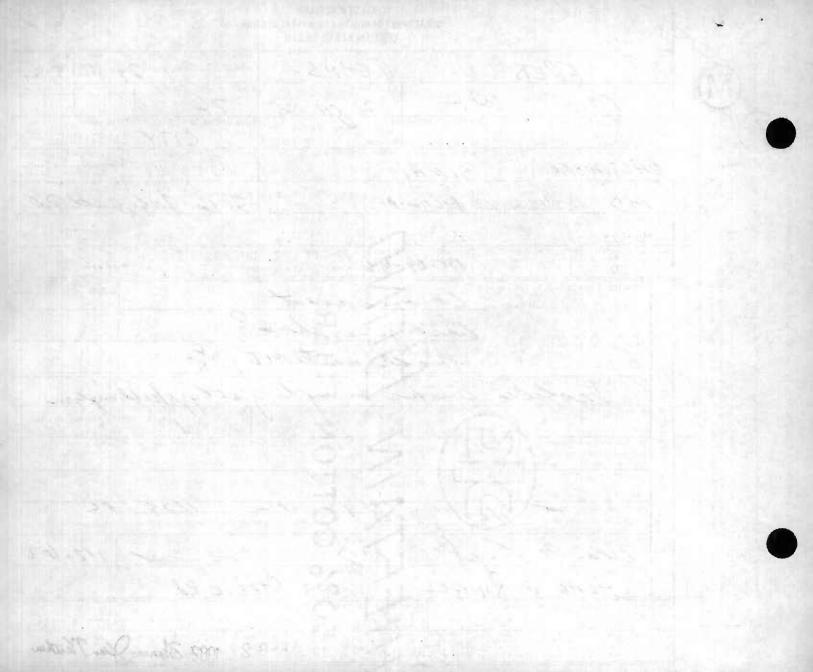
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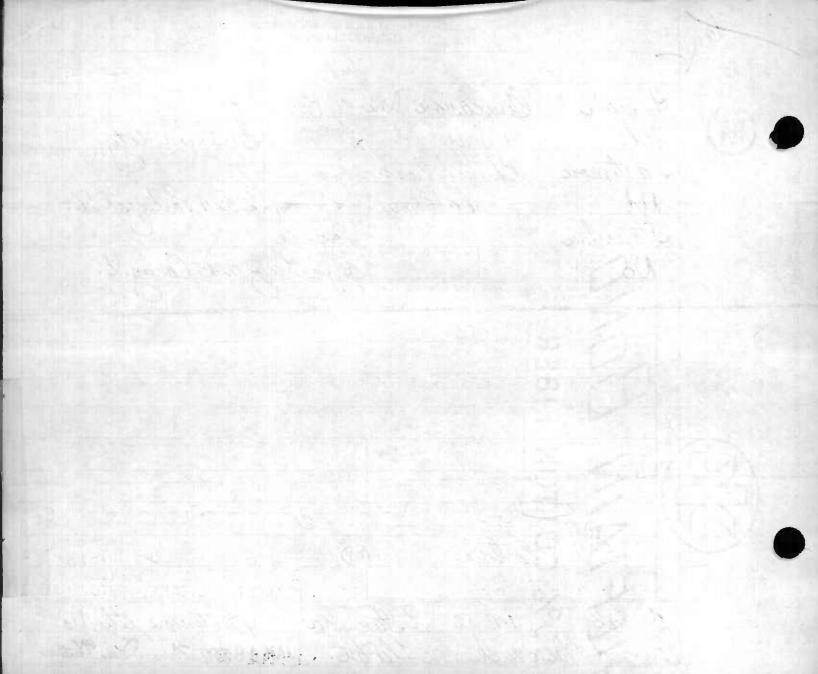
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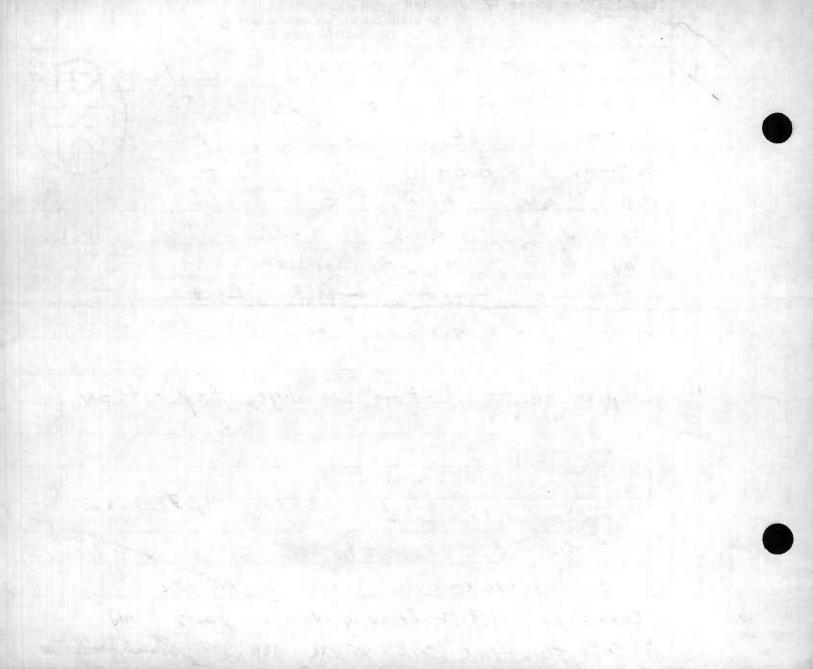




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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs att

retained by the haspital or attending physician.

BP. DHMH-1650M1 (VRA 15, 4)

	FOR STATE REGISTRAR	DEPAR	STATE OF MARYL IMENT OF HEALTH AND CERTIFICATE OF	MENTAL HYG		0 1 4	1
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REGISTRAR

BALTIMORE CITY OR COUNTY OF DEATH Baltimore CITY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Machine Operator Sugar Ind. 13. STREET ADDRESS 1159 Cleveland St. Irvin Charlotte Reynolds (spouse) Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE 7. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN University Hospital, Baltimore, Md. STATE 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 196. REGISTRAR'S SOME AND SEC. DHMH-16 30M 2/80 (VRA 15, 4) Anatomy Board of Md. Baltimore, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

IF UNDER I YEAR

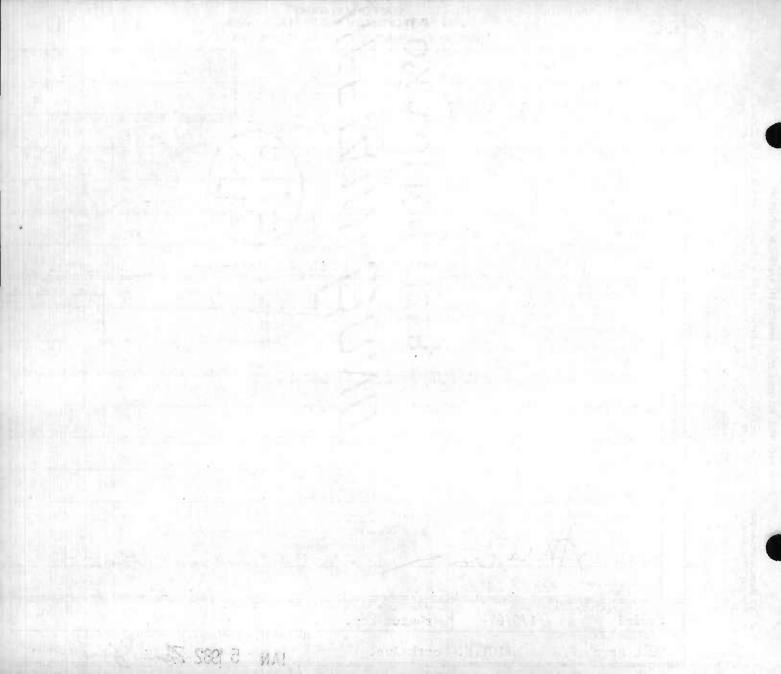
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IF UNDER 24 HRS

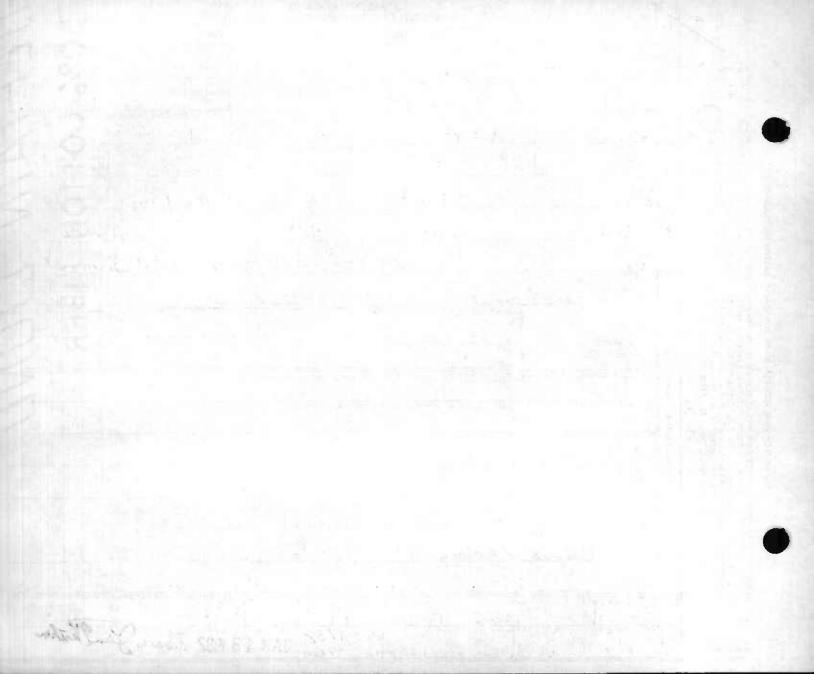
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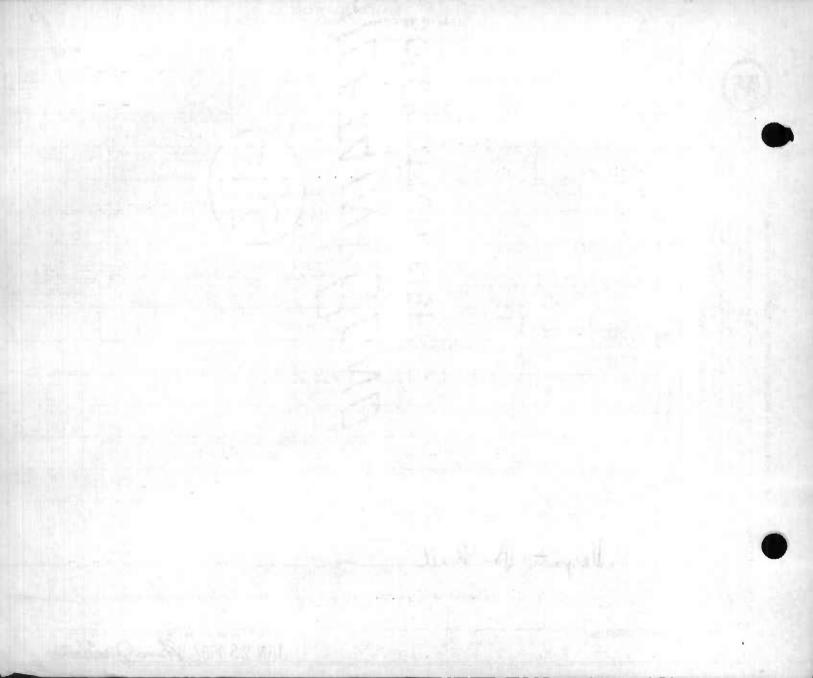
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))	V	Vm C Man	ch F/I	1 1101	E. No	orth Ave			F.R.	N 5	1000	2	· Ver	Mest	alone .



	1 3	1	STATE OF MARYLAND	1
A	11.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2	4 1 3
1	1	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		CEASED NAME FIRST	MIDDLE LAST ZO. DATE KNOWN XX MONTH	DAY YEAR 26 HOUR
X449=	(TYF	e or PRINT) Marv	OF ESTI-	13 19 82 M
Y, PLEASINE THES	3. SEX		S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS. 24. DATE MONTH	
			MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS MOURS MIN PRONOLINGED	11:41
A COOL		male Black		13 19 82 P. M
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N S S S S S S S S S S S S S S S S S S S	15	Va.	WIDOWED DIVORCED Baltimore Cit	
S H R B S	1	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	OR INDUSTRY
358#S-5	B	altimore	Johns Hopkins Hospital-DOA maintenance	(2011)
2 × × × × × × × × × × × × × × × × × × ×	USU A		R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	,
21201 ANY D AND 34 RETAIN PECORI	130. 3	M. ISB. COON	13d. INSIDE CITY LIMITS? 13d. STREET ADDRESS YES NO 1 2 3 1/10 1/10 1/10 1/10 1/10 1/10 1/10 1/	+
G	14,5	THER'S NAME	15. MOTHER'S MAIDEN NAME	
DEATH DEATH	1 ax	ussell	MIDDLE MIDDLE MIDDLE M	LAST
	16a. V	AS DECEASED EVER IN U.S. ARA		1401
. BALTIMORE, JRS AFTER DEAL B. GIVE PAGES WITH FORM PI T. PAGES I AND DIVISION OF Y	[Y	S, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	. C+
SA PAGE	\vdash	INO	In the second se	1W 24.
E. DOUR		PART I DEATH WAS CALISED	y one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST., ITHIN 24 HOUE CIL IN ITEM 1B. VER ALONG W ANNIT PERMIT AL HYGIENE, B REMOVAL.		HOC MAMEDIAT	ECAUSE(o) Arteriosclerotic Cardiovascular Disease	
N N N N N N N N N N N N N N N N N N N		1272	DUE TO, OR AS A CONSEQUENCE OF	
AAN AAN AAN AAN AAN AAN AAN AAN AAN AAN		Canditions, if any, which gove rise to immediate	(b)	TO THE RES
× ××××××××××××××××××××××××××××××××××××		couse (o) stoting the under-	DUE TO, OR AS A CONSEQUENCE OF	
201 W. UTED W. IN PENER EXAMINE SIAL-TR. ON, OR		lying couse last.	(c)	
A PANES PANES		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. 1. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOW. 1. WRITING THE WORD."PENDING" IN PENCIL IN TEM 11 RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG 1. PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 7, 21201 PRIOR TO BURIAL, CREWATION, OR REMOVAL.	Z			
A A A A A A A A A A A A A A A A A A A	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
Z SEEST SEE	5			
WOR WOR	E	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN TIEM 18 PART I OR PAR	YES NOXX
SHESES		UNDERLYING OR	THE THE PARTY OF T	[2]
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NIS SED SED SED SED SED SED SED SED SED SE	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COU	NTY STATE
A A GE	1	AT WORK AT WORK		
RE TIE, TE, P. P. P. P. P. P. P. P. P. P. P. P. P.		22s Loortify that Ltook chara	e of the remains described above, held on Autapsy . Inspection . Inquiry 🔀, ond in my opi	
# S S D F S		,		mon
AN STIFE BECKE		deoth resulted from: Natur	al causes K.A. Accident L., Suicide L., Hamicide L., Undetermined manner L.,	
X B B B S S		ACTUAL	ASSISTANT MEDICAL EXAMINED DATE	1-14-82
- RATE A		SIGNATURE / VICTOR	M.D. 7331314111 MEDICAL EXAMINER SIGNED	1-14-02
MED SCUTE FUNE FINE	-	EXAMINER'S NAME	rginia L. Dolan, M.D. ADDRESS III Penn Street	
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	_	THE ORTHURY	ADDRESS.	
ED9549	23a.B	IRIAL, CREMATION, REMOVAL 2	COUNTY TO THE PARTY OF THE PART	r la On
BP		surial	1-18-82 Salto Nat' (em. Bato)	and.
160 2 DHMH-17	24-6	NERAL DIRECTOR	ADDRESS 269-1738250. DATE REC'D. BY REGISTRAR 259.	GMK/ WITHER
(VR A15 ME (5))	C	arlon (1)0	uglass 1012 Pinn Ava JAN 18 1982 frances	
15M 2/80				



	1	FOR			SER A DELAEN	SIAIEUF	MARYLAND	· Samour	5	1 1 2	1 0
	11-	STATE REGISTRAR					CERTIFICATE		REG. NO	0.	
	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN XX MO OF ESTI- MILDRED PICHADOSON DEATH MATED 1 1-									^	YEAR 2b. HOUR
STREET	3. SEX			5. DATE OF BIRTH				R 24 HRS. 2c. D/		MONTH DAY	YEAR 24 HOUR 6:34A
ESTON STON	Zn Bi	emale bl RTHPLACE (STATE O REIGN COUNTRY)	ack	7 7	30 5		IED X NEVER MAR	DE A RALL	IMORE CITY C	1-21-82 19 OR COUNTY OF DEA	м
		MD TY OR TOWN OF D	F 4 744	U.S		WIDO	VED DIVOR	CED 🗆 Ba	ltimore		MD.
ORDS, 201 W		Baltimor	е	Univers	ity Hosp	pital S.	T.U.	FOR MOST OF	CUPATION (TYPE WORKING LIFE)		OF BUSINESS DUSTRY
ND 2 SHOULD BE F	13a. S	L RESIDENCE (IF IN I	13b. COUNT		13c. CITY OR TO Baltin	OWN	13d. INSIDE CITY LIMITS?	13e. STREET ADI	ORESS 00 Bolt	on St.	
30c		THER'S NAME FIRST Charles		WIDDLE	Bland	7	IS MOTHER'S MAIL FIRST Susie		MIDDLE	LAST ?	
1	16a. V	/AS DECEASED EVE ES, NO, OR UNKNOWN)	R IN U.S. ARM		16b. SOCIAL S	***	17 INFORMANT Elliott F	Richardso	ADDRESS		Ave.
STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITE 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z	Conditions, if gove rise to cause (o) storillying cause los	ony, which immediate and the under-	E CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE AS A CONSEQUE BUT NOT RELATED TO	PENCE OF	E OR CONDITION GIVEN IN P	ART 1 I a .			
RIAL, CR	CERTIFICATION	19a. DATE OF OPE	RATION	19b. CONDIT	ION FOR WHIC	H OPERATION V	/AS PERFORMED?			20. AUT	
3		210 EXTERNAL CA UNDERLYINGXX CONTRIBUTING	300	21b. TIME OF 39.30PM	MONTH POY	875 AR SUD	ow MUURY OCCURR ject jumpe	ED LENTER NATURE OF	FINJURY IN ITEM 18 F	YES	NO.
15. F	MEDICAL		TWHILE WORK	21e PLACE C STREET, FACT apar	OF INJURY (AT) ORY, FARM, ETC.) TMENT		Cation D ^{rei} Bolton S	treet Ap	1°.307 Ba	altimore,	Mary l st and
AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		ACTUAL SIGNATURE	Maturo	af the remains des	Accident ,	Suicide X		Undetermined MEDICAL EX	manner .	d in my opinion DATE SIGNED = 22=	82
AFTER I	71. Di	(TYPE OR PRINT)	Marc	arita A.	Koroll,	M.D.		enn Stree			
	(5	PECIFY)		1/26/82				CITY OR TOWN		COUNTY	STATE
	Burial 24 FUNERAL DIRECTOR NAME 5 ME(5)) A2/80 Burial C. March F/H				Dat	cinore (emetery		more	STRAR'S SIGNATURE	MD



2 1	FOR STATE			STA DEPARTMENT OF DICAL EXAMIN		ND MENTAL H	HYGIENE	2	0 1	4	7
	REGISTRAR DECEASED NAA	AE FIRST		WIDDLE	LAS	rdson		REG. N TE KNOWNX F ESTI- TH MATED		DAY YEAR 13 19 82	26 HOUR
3	SEX Female	4. RACE Black	5. DATE OF BIRTH MONTH DAY	YEAR 6. AGE (IN Y) LAST BIRTHE	ARS IF UNDE	R 1 YR. IF UNDER	R 24 HRS. 2c. D		MONTH	0AY YEAR	2d HOUR 4:30
	FOREIGN COUNTRY	STATE OR	75. CITIZEN OF WE		10	NEVER MARR	HED X	TIMORECITY		Y OF DEATH	1a. M
No.	Ma ryl D. CHYOR TOWN Baltimo		11. NAME OF HOS	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS)	E, OR OTHER	INSTITUTION	12a USUAL OC	CUPATION (TY WORKING LIFE)		12b. KIND OF BI OR INDUST	
5 13	SUAL RESIDENCE	(IF IN NURSING HOME O		VE RESIDENCE BEFORE ADMISS 130. CITY OR TOWN Balto.	13	d inside city limits? Yes 😿 No 🗌	13e STREET AD	DRESS old Stre	eet		
	FATHER'S NAM FIRST Jeremia	ıh		Richardso	n	Rebec	EN NAME	WIDDLE		LAST	
1	WAS DECEASI (YES, NO, OR UNKN	ED EVER IN U.S. ARA OWN) (IF YES, GIVE I	MED FORCES? WAR OR DATES)	215 52 19		Denise R	cichards	ADDRES		rlén R	1.
I PRIOR TO BURIAL, CKEMATION, OR KEMOVAL.	gove in course (course (course (course (course)))	ons, if ony, which rise to immediate s) stating the <u>under-use last.</u>	DUE TO, OR (b) DUE TO, OR (c) (ONTRIBUTING TO DEATH	Left Subdur AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TERM	OF OF		ART 1 (a),				
KIAL, CI	190. DATE O	Cirrhosis FOPERATION	s of Live	TION FOR WHICH OPE	RATION WAS	PERFORMED?				20 AUTOPSY	? NO 🗆
3		AL CAUSE WAS G XXOR ING CAUSE OF D	1 0	MONTH DAY YEA	unkr	INJURY OCCURRE	D (ENTER NATURE C	F INJURY IN ITEM 18	PART 1 OR PAR		100
9	CONTRIBUT 21d, INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e. PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f LOCA STRE UNK	ET	СПУО	RTOWN	cou	UNTY	STATE
9	220. I cert death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	ted from: Natur	ol couses .	Accident XX, Si		Inspection Homicide TITLE (SPECIFY) Assistan	Undetermined	AMINER	nd in my op , DATE SIGNE	1-1	3-82
73	Burial, CREMA	ATION, REMOVAL 2	36 DATE 1-19-82	23c. NAME OF CE		em. Pk.	23d LOCATIO	more,	COUN		TATE
2	4. FUNERAL DIRE		ADDRESS		136	250. DATE	REC'D. BY REGIS	TRAR 25 PEG	ISTRAR'S S	IGNATURE	

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Milmore, Md. 21224

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

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FOR STATE REGISTRAR		D	STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH	NE 8	REG. NO	0	į	6	2	-
1. DECEASED NAME (TYPE OR PRINT)	FIRST C.	WIOOLE	LAST	a. DATE C	F DEATH M	HIMON	DAY	YEAR	26 HOUR	?

	REGISTRAR	CERTI	FICATE OF DEATH	REG. NO		
	ECEASED NAME FIRST	, MIDOLE	LAST		AONTH DAY YE	AR 2b HOUR
	RIFMANN	Mary		1/9/82		1:05 PM
3. SE			OF BIRTH 4 1896	6 AGE (INYEARS LAST BIRTI		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
	COUNTRY)	1 11 (// 1	D NEVER MARRIED DIVORCED	BALTIMORE CITY OF	COUNTY OF DEAT	TH MD.
	ALT I MORE	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MARYLAND GENERAL HOS		12a. USHAL OCCUPATION (TYPE BY WORK OF ROST OF		ND OF BUSINESS OR
130.	STATED . 136 COU	DR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) INTY 13-BIY OR TOWN BALLO	13d. INSIDE CITY-LIMITS? YES NO [13e. SPREET ADDRESS	AIT A	VE.
14. F	ATHERS NAME FIRST ELORGE	DOSCH	15. MOTHER'S MAIDEN NAMED IN N	MIDDLE	BYAK	20
	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECURITY NO. 2/2-52-64,0	JANE SCH	uler S	AME 2	1224
	PART I. DEATH WAS CAUS	DUE TO OR AS A CONSEQUENCE OF	FARCTION LAR TACHYCARD	1A	BETY	PROXIMATE INTERVAL VEEN ONSEL AND DEATH
TION	MATURITY ON	CONDITIONS CONTRIBUTING TO DEATH BUT	, CEREBRAL VAS	SCULAR ACCID	ENTS	
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	IN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAL YES	NDINGS USED JSES OF DEATH? NO [
MEDICAL CE	21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A.M. MONTH DAY YEAR	216. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PAR	7 2)
WEI	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOW	N COUNT	Y STATE
	220.1 certify that this hasp saw the deceased glive of abovXX (we) (didXXXX	oitol) oftended the deceosed from 12/23/ January 9 19 82 , o	nd that in (our) opinion (, to January death occurred on the dat	e and hour and from	, that (we) lost the couses stated
(Jany 1	r Glans m	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICI		PATE SIGNED
	Harry Harris,		??e ADDRESS			
230_	BLIRIAL, CREMATION, REMOVAL	1-12 0- 6 111	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	4/7 COUNTY	MATO.

DHMH - 16 50M 1/81 (VRA 15, 4)

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		SELECTION OF THE SELECT	

0	1.	STATE REGISTRAR			DEPAR		ICATE OF DEAT			EG. NO.	O		(See
death death		CEASED NAME	ROSE		MIDDLE		AST		2a DATE OF DE.	ATH M		DAY YEAR	2b. HOUR
o d d	3. SE	X	RUSE	4 RACE		RISTI 5. DATE O		6	JANUAR AGE (IN YEARS		198	IF UNDER 1 YEAR	3 · 16m
1	A-	ਜ		TAT		MONTH 3/	15/14	YEAR	67 vr	a	YRS.	MONTHS DATS	HOURS MIN.
My		IRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8.	D WEVER MARK		BALTIMORE			OF DEATH	
filed wit]0 €	Balto.	DEATH		HOSPITAL, NURS	SING HOME	OR OTHER INSTITUT	ION 1	Lity Re USUAL OCC (TYPEROUS)			126. KIND C INDUSTRY	OF BUSINESS OR
must be	WSU 13a. S	AL RESIDENCE (IF N	Balt Balt	OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)	136. INSIDE CITY LI YES 🛗 NO		3e. STREET ADD	RESS	Bros	adway	
36 Samine		teve Jo		widdle evens	LAST		15. MOTHER'S MA	heric	M	DDLE		LAS	ST
Poges	16a V	VAS DECEASED EV YES, NO OR UNKNOWN)	ER IN U.S. AR		166 SOCIAL SE	CURITY NO.	17. INFORMANT			ADDRESS	Mill	Ler	
onpapers.P emavol. event, the m	N	18 CAUSE OF DE PART 1. DE ATH					Mrs Far	tima	Risti	ek_	23		MATE INTERVAL ONSET AND DEATH
issi permit. Then please remave corb agreeme prior to burial, cremation, ar i shows any injury, or ather traumotic	CERTIFICATION	gove rise to couse (a), sta underlying co-	immediate ofting the use last. DUE TO, OR A: COMMITTIONS CONTINUED CONT		TO, OR AS A CONSEQUENCE OF CARDIAC ARRYTHM ONS CONTRIBUTING TO DEATH BUT NO CONDITION FOR WHICH OPERATION		MIA (ASYS	THE TERMIN	200 AUTOPSY	?	20b. IF YES,	WERE FINDING CAUSES	NGS USED
Mental Hygiene or Item 18 shaws		21a ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEA		M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE	OF INJURY I	N ITEM 18 PA	ART I OR PART 2)	
s the burio 1 and Men rked or the	MEDICAL	(IF EITHER, NOTIFY M 21d. INJURY OCC WHILE NOT AT WORK		21e PLACE		E, FARM, ETC)	211. LOCATION STREET		CIT	y OR TOWN		COUNTY	STATE
far use o af Heoltl 21 is mo		22a. I certify that saw the dece		al) ottended the 1/9		00	, 19 ad that in (my) (aur)	82 opinion de	, to 1/9 ath occurred on	the date	and hour		that (I) (we) lost
detached tate Dept. NT: # Item		226. SIGNATURE	V. Pe	de	i M	D		NDING ICIAN	MEDICAL DIRECTOR P	STAFF HYSICIA	и 🗆	22c. DATE	SIGNED
should be detactive with the State Dimportant: #		22d. PHYSICIAN'S	PLATIA				22e ADDRESS	BRAAD	WAY, BA	ITIM	INDE	MD 21	231
IMI	23a E	SURIAL, CREMATIO SPECIFY) Bur	N, REMOVAL	23b. DATE 1/13/	00		EMETERY OR CREM	ATORY	23d. LOCATION CITY OR TO	N		county 1to.	M A STATE
50M 1/81	24 FU	JNERAL DIRECTOR	,	30				25a DATE F	REC'D. BY REGIS	TRAR 25			URE

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Sound to the district in the state of the st Lynn promise a spile the second to see

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Charten Marie 4 Marie 35 Hala Black Merchald word Arthur Johnson In Comment on the the the charter to a while Lift and water when do me force of the tree of the state of manuel distance of the Mario - Se 4 300 HD 342 + 404 Rd - 2142 141 1 TO Beach William

/	Ľ	FOR STATE REGISTRAR				RTMENT OF H	E OF MARYLAI LEALTH AND M ICATE OF DE	ENTAL HYG		REG. N		1		2	ં
		CEASED NAME	Daisy		MIDDLE		AST		20. DATE C	Jan.	6, 19	82	AR 2	OIL	mad
	3 SE	×	Darsy	4 RACE	MIMIN	5. DATE C	binsor	1	6 AGE (IN		-	IF UNDER LY	/E AD I	B UNDER	MAG
		Fema		Blac		MONTH 6		10	71		YRS.			HOURS	MIN.
7		IRTHPLACE (STATE	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8.	NEVER MA	ARRIED	9 BALTIM	ORE CITY	OR COUNT	Y OF DEAT	Н		
1	/	Andrew,			S.A.	WIDOWE	D DIV	ORCED [Balt	imore	City			MD.
1	2	Baltimor	e	ST. A	GNES HO	SPITAL	OR OTHER INSTIT	TUTION		OCCUPAT	TON OF WORKING LI			BUSINE	SS OR
3	13a. S	AL RESIDENCE (IF STATE MD	NURSING HOME OR 13b COUN	OTHER INSTITUTION, TY	GIVE RESIDENCE BEF 13c CITY OR TO Baltim	NWC	13d. INSIDE CIT YES 🔏 I	Y LIMITS?	13e STREET		. Han	over	St.		
	14. FA	ATHER'S NAME	,	WIDDLE	LAST	7/4	15. MOTHER'S	MAIDEN NAA	ME	WIDDIE			1.457		
1		Peter			Johns	on	Lava	inia		MIDDLE		Jo	ohn	son	
1		WAS DECEASED EN		MED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMAN	IT		ADDR	ESS	- 13-1			
		No	(11 163, 014)	. WAR OR DATES!	212-01	-8955	Celes	ste Eva	ans	4539	Marb1	e Hal	1 Re	oad	
	Z	Conditions, if only, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE											T I(a		<u> </u>
_	O.T.	1/1	peeu	Kal	eggw.	HON									
2	CERTIFICATION	19a. DATE OF OPE	EVATION	196 CONDI	TIOM OOR WHI	CH OPERATIO	N WAS PERFOR	MED	20a AUT	NO X		S, WERE FIN FYING CAU	ISES O		
1	MEDICAL CER	71a. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER NOTIFY N 21d. INJURY OCC	CAUSE OF DEA	21b. TIME O HOUR A./ P./ 21e PLACE C	M. MONTH M.	DAY YEAR	21c. HOW INJU		RED (ENTERN	ATURE OF INJU	IRY IN ITEM 18 I	PART I OR PART	72)		
	ME	WHILE NO	T WHILE		EET, FACTORY, OFFIC	E, FARM, ETC.)	STREET			CITY OR TO	NWO	COUNTY		51	ATE
		22a. I certify that	eased alive on.	1-6	19		d that in (my) (c	, 19 82 our) apinion d	ta	ed on the d	ote and hav	19 82		at (I) (w	
		126. SIGNATURE	T	Sub M	g	m	DEGREE O. AT	TENDING HYSICIAN	MEDICAL		FF \	22c. D.	ATE SIG		
		77d. PHYSICIAN'S			0		27e ADDRESS	AP .L	Ee.	Kar	DiT	AD			
			DUON				191	MAN	(-)	1104	TIL,	4			
		BURIAL, CREMATIC		23b. DATE		. NAME OF C	EMETERY OR CR	REMATORY	23d LOC	ATION		COUNTY	117	ST	ATE

DHMH - 16 50M 1/BI (VRA 15, 4)

Wm. C. March F/H, Inc.

Burial

1/12/82

23c. NAME OF CEMETERY OR CREMATORY MD. VETERANS CEM.

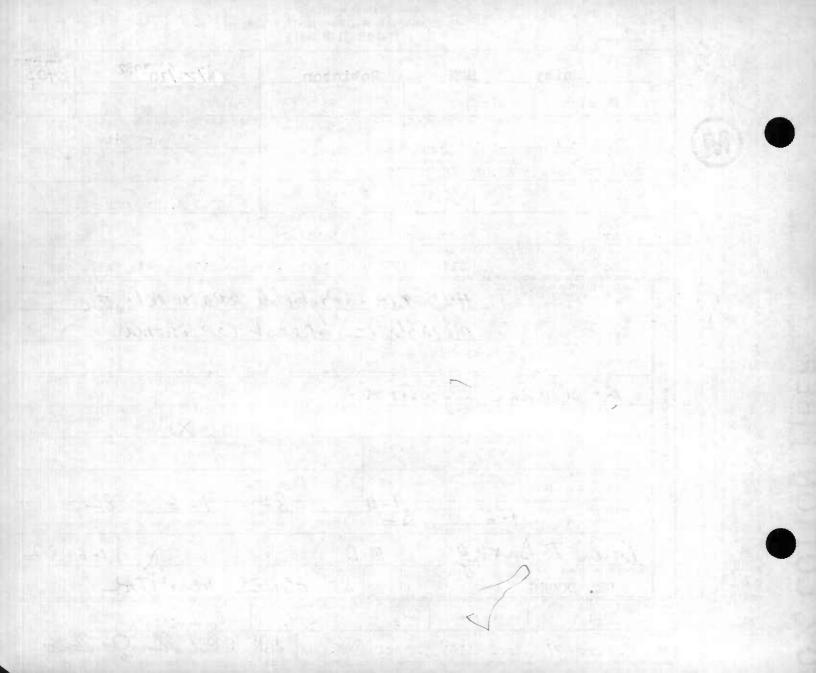
23d LOCATION CITY OR TOWN

COUNTY

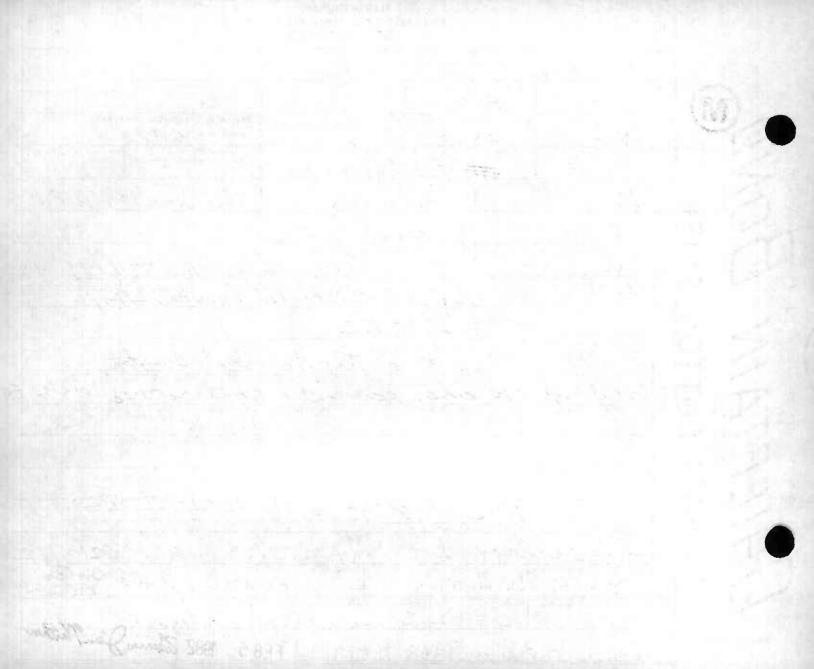
MD

1101 E. North Ave.

Crownsville JAN 8 1982

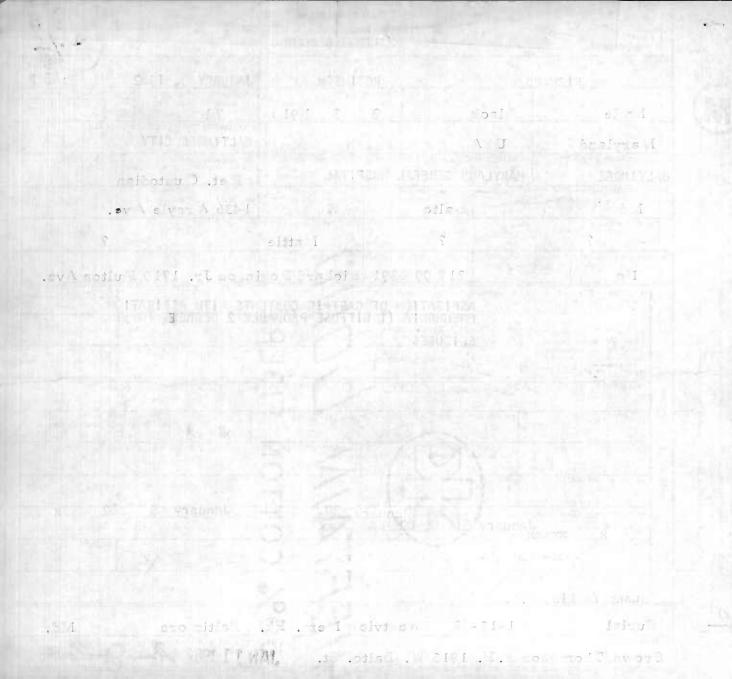


1	1			STATE OF MARYLAND		
y	1	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE B	1 4 6
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		FLORA	1-	HUDINSON	1-2	28-82
8	3. SE	X 4.	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
1)		1-	BIK	5-5-08	73 YRS	
1	7a. 8	IRTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
3	5	V.A	U.S. A	WIDOWED DIVORCED	CITY	
1	10.0	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINES
多元	1	BAITO	753	5 Edgewood Rd	(TITE OF TOOKE) OF MOST OF TOOKING	THE OSTRI
st pe		AL RESIDENCE (IF NURSING HOME OR O STATE) / 13b. COUNT			13e. STREET ADDRESS	0 1/0
3	>	Md	BA	1/10 YES X NO [4411 WAK	Efield Kd
mine	14. F	ATHER'S NAME	DDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
387		TASHER	SACK	SON ROSA	lind	LASI
medicol		WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SEG	EURITY NO. 17. INFORMANT	ADDRESS	
ae l		NO -	- Alt OK DAILS)	BENJAMIN	TOWELL 4	411 WAKE &
t, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (o), (b), o	ond (c).)	- n n 1 +	APPROXIMATE INTERV BETWEEN ONSET AND D
event,		IMMEDIATE		15-INtec/2	& Recubolic	JKH10
ofic		3319	DUE TO, OR AS A CONSEQ	THE CO.		
roum	3	Conditions, if ony, which	((b) - shy	lystion		
e	7	gove rise to immediate couse (a), stating the	DUE TO, OR-AS A CONSEQ	BENCE OF A	22 / 2	1
or oth		underlying cause lost.	(c) Ceret	nat alloghy	- Inile Dans	JENN 1
ıjury, o	7	PART 2. OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE JERA	MINAL DISEASE OR CONDITION C	GIVEN IN PART 1(0)
illi _	CERTIFICATION	aret 181	VACCORO	Acuraget c		do Low
ws ony	2 5	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH
show	7 2					YES NO
80	7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 2)
Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
edor	MED	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STA
orke		AT WORK AT WORK		PC 12 81	71200	77
is n		220. I certify that (1) (this hospital sow the deceased alive on	gittended the deceased from	7 19Q	doth assumed a state of the	, 19. A, that (I) (we
m 2	4	obove, (1) (we) (did) (did not)	view the body offer death.		death occurred on the date and h	_
. If he		1,0	la mara	DEGREE	MEDICAL _ STAFF _	THE DATE SIGNED
Ž-	-	22d PHYSICIAN'S NAME (TYPE ORE	DANITS A	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	240118
DRTA		Kahelti	In/ MiAme		omovoson A	10 Botto
IMPORTANT:		1)002210	VV11111V			MO21
	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY GRIOWN	COUNTY STA
+ 1	24.5	HIMIN DIRECTOR	2-2-82	OT WAY CEV	1 KILMONIE	KOMB
/80	/4	NAME -	ADDRESS 124		TE REC'D. BY REGISTRAR 251 REGI	
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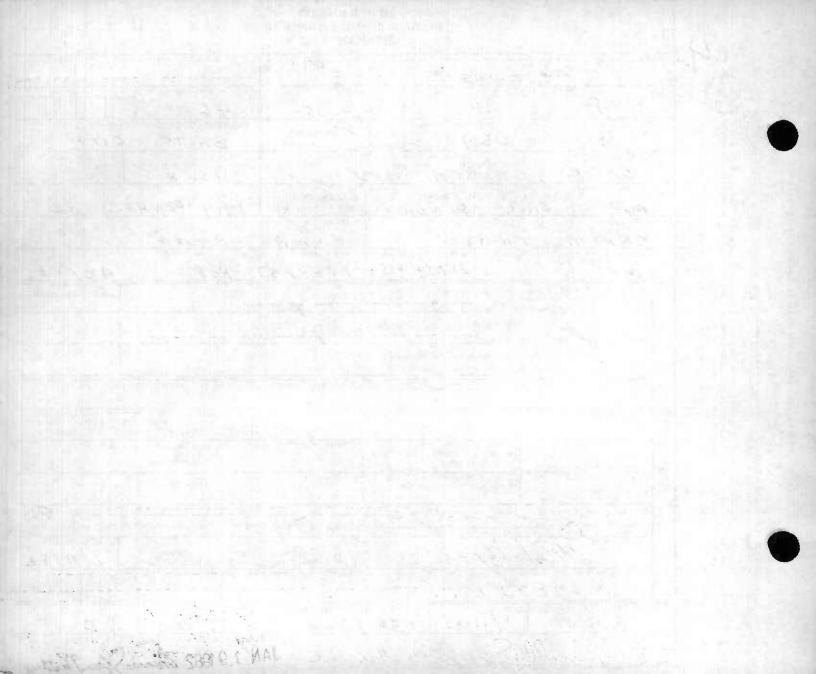
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6	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	0 4 2 9
		CEASED NAME FIRST	₩IDDLE	Rosinsu	20 DATE OF DEATH MONTH	BO 82 3.3 CDM
		NALE	1. RACE BLACIC	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) YR	
450 pt 499		RTHPLACE (STATE OR FOREIGN OUNTRY) Y OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUN	Ciny MD.
1201	I	ALTIMUTE	OTHER INSLITUTION GIVE RESIDENCE BEAD		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours spers. Pages 1 and 2 should be the wal. it, the medical examiner of the int,	13a S	TATE 136 COUNTY		VN 13d INSIDE CITY LIMITS?		Joney Sr.
complete		FIRST	MED FORCES? 166 SOCIAL SEC	Nancy	MIDDLE	LAST
be execution and c		ES NO OR UNKNOWN)	Z 13-1	0-3204 Deloves	Robinson-322	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALING PHYSICIAN: The low requires that the death certificate of an independent of the plant of the cartificate has been signed by the attending physician os the buriol-transit permit. Then please remove carbon paper than and Mental Hygiene prior to buriol, cremotion, or removal, or ked at Item 18 shows any injury, or other traumatic event, the contract of the plant of th		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA: Conditions, if any, which gove rise to immediate cause to immediate underlying cause last	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) DUE TO, OR AS A CONSEQUE (c)	ENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TAL RECORDS, 20 The law requires cian. The law been signer six permit. Then pl grene prior to burn shows any injury, c	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED HIFTING CAUSES OF DEATH? YES NO NO
/ISION OF VITAL PHYSICIAN: The freeding physicia re this certificate by the buriol-transit and Mental Hygie ced or frem 18 sho	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED NOT WHILE NOT WHILE	HOUR A.M. MONTH D	19 WA	RED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN	8 PART I OR PART 2} COUNTY STATE
OR ATTENDI thospital on JIRECTOR: A ched for use Oept. of Heal		saw the deceased alive an	tal) atlended the deceased from	, and that in (my) (our) opinion DEGREE		that (I) (we) last nour and from the causes stated 22c. DATE SIGNED
TO HOSPITAL Cretained by the TO FUNERAL Ishould be detained with the Stote IMPORTANT: If		THE PHYSICIAN'S NAME ITYPE OF	skerin Sulhe	220 ADDRESS 22 S - G	MEDICAL STAFF DIRECTOR PHYSICIAN	So comus m
DHMH - 16 50M 1/81	(URIAL, CREMATION, REMOVAL SPECIF SULVAIN INERAL DIRECTOR	23b DATE 3 /82 /	NAME OF CEMETERY OF CHEMATORY UNDER THE CHEMATORY	DITY OR TOWN AND THE REGISTRAD BY REG	STATE
(VRA 15, 4)	X	IDAMI (W.L	Livite 4600	XI / 12 til Dieta	DOC OTHER	A Marie Marie

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1	1		FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	0 1 4 3 0
25	1.		OR PRINT)	ELINE MIDDLE RO	E BECKWII	20. DATE OF DEATH	MONIH DAY YEAR 26 HOUR
111	10	3. SE:		4. RACE	S DATE OF BIRTH	JANUARY	1, 1982 12:30%
		J. SE.	F	W	MONTH 4 DAY 35 YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER : YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
ment 7	25		OUNTRY) PA.	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY O	COUNTY OF DEATH
by th	35	10 CI	BALTO.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET CHURCH	ADDRESS) 140SP	(TYPE OF WORK FOR MOST O	WORKING LIFE INDUSTRY
filled in ould be	35	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b) COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	ENHALL RD
ompletely	30	14 FA	THER'S NAME FIRST MARTIN	MIDDLE LAST TROXELL	15 MOTHER'S MAIDEN N		LAST
÷ 0	-		AS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRE	
n ond c		()	ES, NO OR UNKNOWN) (IF YES, GIV	217-34	6154 FORRES	T ROE	ABOVE
into the deoth certificate by dey the otherding physicion by the otherding physicion (elease remove carbon popers), or removal, or cemoval, event, the			PART I DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE	ESPIRATORY ARRE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
en signed Then ple or to buris		NOI	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to </u>	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONE	DITION GIVEN IN PART 1101
The low icion. te hos bee isit permit giene prio	2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
SICIAN: T ng physici certificate urial-transi tental Hygi Item 18 sh		MEDICAL CER	2)a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PART 2)
offer this os the but hond M	1	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.		CITY OR TOV	
Spitol or CTOR: A for use of Heal	-		sow the decrased alive on obove, (I) (we) (did) did no	JANUARY 11 19		to JANUAR	Y 111982, that (I) we lost te and hour and from the couses stated
y the ho y the ho RAL DIRE detoched hote Dept			226. SIGNATURE	belly	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	AN 4 //// 82
ospi ed b d be d be the Si	1		22d PHYSICIAN'S NAME (TYPEO				L CORPORATION
TO HOSPIT. TO FUNER. should be dwith the Sto	1		11-0176				1231 BALTIMORE MI
BP			URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	1/12/-	TAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE
DHMH - 16 50M 1/8 (VRA 15, 4)		24. FL	NERAL DIRECTOR	ADDRESS	250. DA	AN 1 0	5b. REGISTRAR'S SIGNATURE



10	1	FOR		DEPARTMENT OF HEALT	H AND MENTAL	HYGIENE ?	43
/	11.	STATE REGISTRAR		DICAL EXAMINER'S			
		ECEASED NAME FIRST		WIDOLE	LAST	Za. DATE KNOWN IN	MONTH DAY YEAR 26 HOUR
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A STATE OF THE STA	3.56		5. DATE OF BIRTH	6. AGE (IN YEARS IF E	ROE		1 20 1982 M
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A5.03.00	2	West Virginia			WED A DIVOR		City, MD
SHOW THE SHO	Ph	ITY OR TOWN OF DEATH	LIE NOT IN SUCH F	SPITAL, NURSING HOME, OR OT ACILITY, GIVE STREET ADDRESS)	THER INSTITUTION	120. USUAL OCCUPATION (TYPE OF	OR INDUSTRY
A02 38		Baltimore	3819	Wilkens Avenue		Salesperson	Real Estate
PESSON 9		AL RESIDENCE (IF IN NURSING HOM STATE 13b. COU		INE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
21201 ANY D AND 3 RETAIN HOULD PECDRE		aryland		Baltimore	YES X NO		venue, 21229
A 25.32 -		ATHER'S NAME			15. MOTHER'S MAI	DEN NAME	
ESS S	1	H	C.	Atwell	Bess	MIDOLE	Hager
O DON'S	160.	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	21229
F SPOR	(YES, NO, OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	226-32-4718	Donald W	. Shuler 3819 Wi	1kens Avenue
IRS AFT I. GIVE WITH P PAGE DINYSIO	\vdash	18 CAUSE OF DEATH (Enter (. Didter Sory Wi	APPROXIMATE INTERVAL
F. MATA		PART I DEATH WAS CAUS		Gunshot wound t	o Choct	(handgun)	BETWEEN ONSET AND DEATH
A SECONDER		G A S IMMEDI	ALE CHOSE (O)		O Chesi	Chanagani	
PRESTO THEN 24 CIL IN IT WER ALC ANSIT P AL HYGI REMOV		Conditions, if any, which		R AS A CONSEQUENCE OF			
RAP RAP RAP RAP RAP RAP RAP RAP RAP RAP	1	gave rise to immedia	te (b)				
TW. FEW PEN AMIN AMIN COR		couse (a) stating the underlying couse last.	DUE TO, OF	R AS A CONSEQUENCE OF			
DS, 20 KECUTE AND A ATION			(c)				
# # # # # # # # # # # # # # # # # # #	١.	PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN	PART I (a).	
S CRITISCORDS, 201 S CRITISCATE SHOULD BE EXECUTE STITING THE WORD "PENDING" IN 1 ROED TO THE OHEF MEDICAL EXA E 3 SHOULD BE USED AS A BURIAL E DEPARTMENT OF HALLH AND M O) PRIOR TO BURIAL, CREMATION	CERTIFICATION						
TAL REC COULD BY THEF MEI OF HEAL PIAL, CR	13	190. DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
£ \$827.58	1 5						YESXX NO 🗆
ISION OF VITA RITHCATE SHO NG THE WORD TO THE CHE SHOULD BE US PARTMENT OF PRIOR TO BURIL	7 ₹	210. EXTERNAL CAUSE WAS	21b. TIME O	FINJURY A. MONTH DAY YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)
N SHOOM		UNDERLYING OR CONTRIBUTING CAUSE O			ubject sho	t herself	
FRIER FRIOR PRIOR	MEDICAL	714 INILIRY OCCUPRED	21e PLACE	OF INJURY (AT HOME, 21f. L	OCATION		
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STA AND THE	1	AT WORK AT WORK		TIONIE 139		Averide, Dar 10, Ma	Tyrana
SE SE		22a. I certify that I took cho	rge of the remains de			ion 🔲 , Inquiry 🔲 , and i	n my opinion
EXAMINER CERTIFICAT ULD BE FOI DIRECTOR.		death resulted from: Not	ural couses,	Accident, Suicide X	A, Homicide	Undetermined monner,	
SAN SAN SAN SAN SAN SAN SAN SAN SAN SAN		ACTUAL 11.	100	1	TITLE (SPECIFY)		
¥#5¥£%-	4	SIGNATURE VILG	ma LA	Jolan	M.D. <u>Assista</u>	nt MEDICAL EXAMINER	SIGNED 1-20-82
NOR A ROOM	> -	EXAMINER'S NAME				5	
TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL I AFTER DEATH.	7	(TYPE OR PRINT)	rginia L.	Dolan, M.D.	_ADDRESS	III Penn Street	
522547	23a.	BURIAL, CREMATION, REMOVAL	236 DATE	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		Cremation	01-25-82	Loudon Pa	ark	Baltimore City	
),55/ 2000 17	24.	FUNERAL DIRECTOR	ADDRES	2122	- 146 0.47	PROCED BY AND COMPANY AND DECKED	Van Jewie
DHMH - 17 (VR A15 ME (5))	H		The street	4107 Wilkens	1 1 1 1	1 2 2 1982 Chines	0
15M 2/80	11	LUDALG LUIGIAL	TIONIC, THE	- ALOI WILLICITO			

The date of the correspondence of the state
	1 -	STATE REGISTRAR		DEFARIN		ICATE OF DI	ATH		REG. NO.					Cup
		CEASED NAME FIRST	ş A	NIDDLE :		LAST		20. DATE OF	DEATH M	ONTH	DAY	YEAR	26 HOUR	2.7.0
1		GER	ALD	M_{\bullet}	ROI	EDEL		日		1 :	24	82	0	ZM
ſ	3 SEX	(4_RACE		5 DATE			6. AGE TINYE	ARS LAST BIRTH	DAY)	IF UNDER		IF UNDER 2	
I		Male	Wh:	ite	3	26	**37	44		YRS	MONTH5	DAYS	HOURS	MIN.
4		RTHPLACE STATE OR FOREIGN		WHAT COUNTRY?	B. AAADDIE	D NEVER M	APPIED T	9. BALTIMOR	RE CITY OR	COUNTY	OF DE	ATH	100	
Þ		ennsylvania	U.S.A	A.	WIDOWE	/	ORCED [1	BO	14	. 6	in	,	MD.
4		TY OR TOWN OF DEATH		OSPITAL, NURSING		OR OTHER INSTI	NOITUT	170 USUAL C			12b.	KIND OI	BUSINES	SSOR
4	Ва	altimore	134	Aane	Conessi			Op Ins.	tructi	on	E) INDI	B.	G. &	E.
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g			altimore	Arbutus			NO DE		Dolor	es A	venu	ıe	2122	27
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1		AS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIÁL SECUE	RITY NO.	17 INFORMAN	T		ADDRES	5				5
		NO	S, GIVE WAR OR DATES)	216-34-38	338	Doroth	ny M. I	Roede1	5550	Do1	ores	Ave	e. 21	1227
		Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last.	DUE TO, QE	AS A CONSEQUE AS A CONSEQUE ORON		YOCAN		INI	=ARC ROSI					
1	z	PART 2 OTHER SIGNIFICAL	NT CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE	OR CONDI	TION GIV	ENINP	ART Ira		
	CERTIFICATION	19a. DATE OF OPERATION	196 CONDI	TION FOR WHICH (OPERATIO	N WAS PERFOR	MED	200 AUTO		N CERTIF	S, WERE	FINDIN AUSES	GS USED OF DEATH	H?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	FDEATH HOUR A.A	A. MONTH DA	Y YEAR	21c HOW INJ	JRY OCCURR	RED (ENTER NAT	URE OF INJURY	N ITEM 18 P	'ART I OR P	'ART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY EET, FACTORY, OFFICE FA	RM, ETC)	211. LOCATION	٧		CITY OR TOWN	4	COU	INTY	51	ATE
		220.1 certify that (I) (this hi		deceased from			. 19	to			19		hat (I) (w	e) lost
Т		sow the deceased alive abave, (1) (we) (did) (did	on	ofter death	. 01	nd that in (my) (aur) apinian d	deoth accurred	an the date	and hau	r ond fro	om the c	ouses stat	ted
		276 SIGNATURE #		The death.	A 1	DEGREE								
		Michael Traphysician's NAME (Kelcz	WA	()	AT	TENDING TYSICIAN	MEDICAL DIRECTOR	STAFF	NØ	120	DATES	4/0	P2_

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If He

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 1/28/82 Buria1

23c NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

23d LOCATION
Baltimore

Maryland

PART PUNERAL DIRECTOR
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

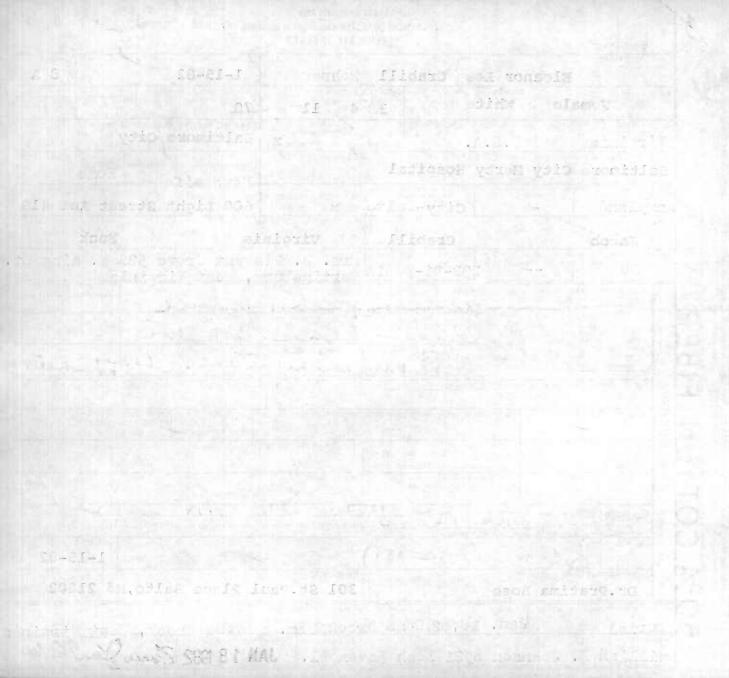
23b. DATE

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		11/	/	FOR	DEF		OF MARYLAND ALTH AND MENTAL HY	GIENE 8 2	0		3 4
		X	1 -	STATE REGISTRAR			CATE OF DEATH	REG. NO			
				EASED NAME FIRST	MIDDLE	LA	5	20. DATE OF DEATH		YEAR 2b.	HOUR
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	(Dani	1	3. SE	11 -	4 RACE	5. DATE OF	BIRTH OAY YEAR	6. AGE (IN YEARS LAST BIRTI	MON1		UNOER 24 HRS
	- WEEL	1	-	MALE	COL	JULY	23.1923	58	YRS.		
-	4 96	200	-19	RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED	NEVER MARRIED	9. BALTIMORE CITY O		DEATH	.,,
	den franch	3		14 OR TOWN OF DEATH	U.S.A.	WIDOWED		BALTIM 120. USUAL OCCUPATION		26 KIND OF BU	MD.
10	by the	139	The state of the s	9LTIMORLE	(JEANST TRISUCH FACILITY, GIVE	STREET ADDRESS)	4/050	(TYPE OF WORK FOR MOST OF	WORKING LIFE)	NDUSTRY	ISINESS OR
212	hour d in	s pe	13a,4S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	4	~	
AND	in 24 y fille should	35	-	PRYLANO	111	IMORK	YES NO	1155 NIC	ARFY	1,1	
MARYLAND 2120	npletely	Comine	14 FA	THER'S NAME FIRST	Knou N's	т	REFINAL PRINTERS	AME	Lin	Kirke	Al.
	xecute nd cor		16a V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	1 1	2/	7-
BALTIMORE	be execu	e medical		No	219-1	22969	MISS SYLVIA.	PAYNE 1731,	No CARL	VY ST	
BALI	ysicio opers	it, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (o), (100		APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
ST.,	ertifica g phy: sanpol	ever			TE CAUSE (a) CARD	LO RIKES	PIRATORY	HEKR21			
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201	es es	y, or		PART 2 OTHER SIGNIFICANT	(0)				OITION GIVEN I	N PART 1(a)	
RDS	equire n sign Then r to b	2	O	Acci	OHOUSM						
ECO	s been	No Or	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WE	RE FINDINGS	
ALR	The Land	how	RTIF					YES NO	YES [) N	10 🗆
FVII	SICIAN: The na physicion certificate uriol-transit tental Hygic	801		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
0 2		r Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	21f. LOCATION				
DIVISION OF VITAL RECORDS,	G PH offen er th s the	rked or	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	STREET	CITY OR TOW	N C	OUNTY	STATE
	TENDIN Ital or of OR: Aft	is mor		22a. I certify that ((this hospi		9/2	14 19 87		195	thot	
1		m 21			of Cew the body ofter death.		that in (my (our) opinion	death accurred & the do	te and hour on		
	0 . 0 40	If He		22b. SIGNATURE		0	EGREE ATTENDING	MEDICAL STAF	F C	22c. DATE SIG	NED 7
	by the by the ERAL DI	Ž.		22 PHYSICIAN'S NAME (TYPE O	MNaco-	e s	220. ADDRESS	DIRECTOR PHYSIC	IAND	1/19	195
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	O pe O pe y	≤	23a. E	URIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d LOCATION	n cou	NIY ,	A STATE
16) BP	-	24.5	JURIAL	1-20-82	FIRBUTE		THE RUTUS TE REC'D. BY REGISTRAR	BALTO		(/)
	DHMH - 16 50M 7/7 (VR A 15 (4))	77	24. Ft	INERAL DIRECTOR	2222W. A	SOTH I	PULL IN	AI 1 Q 1002	AL REGISTRAR	3 SIGNALURE	Kan
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(1	I DE	REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFIC	ATE OF DEATH	REG. NO.	DAY YEAR 126 HOLLP
		E OR PRINT)		bill	Rohrer	20. DATE OF DEATH MONTH 1-15-82	DAY YEAR 26 HOUR 8 A
1	3 SE	X	4. RACE	5 DATE OF		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
		Female White		30011	4 11 YEAR	70 YRS	MONTHS DATE HOURS MIN
2	V	IRTHPLACE (STATE OR FOREIGN COUNTRY) irginia	76 CITIZEN OF WHAT COUNTR	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Baltimore City or County Baltimore City	
\$ 7	В	ITY OR TOWN OF DEATH altimore Cit		Lappress)	OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII HOUSOWIFO	IZE KIND OF BUSINESS OF INDUSTRY HOME
2 S	130.	AL RESIDENCE (IF NURSING HOME STATE 136 CO ryland	UNTY 1136 CITY OR TO	WN 7 1	34 INSIDE CITY LIMITS?	13e STREET ADDRESS 600 Light St:	reet Apt 419
a la	14. F.	ATHER'S NAME	MIDDLE LAST		MOTHER'S MAIDEN NA	ME	
Ex 200		Jacob	Crab		Virgin	ia	Funk
e medicol		VAS DECEASED EVER IN U.S. A YES NO (16 YES. (ARMED FORCES? 166 SOCIAL SEGME WAR OR DATES! 232-01-	9061A	Mrs. H. Vi Martinsbur	ncent Grove 52	nia
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ry, or	z	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO	O DEATH BUT N	OT RELATED TO THE TERM	LINAL DISEASE OR CONDITION GIV	EN IN PART 110
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ws ony inlu	FICATIO	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED	INCERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?
shows ony inju	CERTIFICATIO	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICE			YES NO YE	YING CAUSES OF DEATH?
18 shows	AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR		INCERTIF	YING CAUSES OF DEATH?
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PAR	FOR 3 - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 2 0	1 4 3 6
	1. DECEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
y be	Claren	ce Linwood	ROLLINS	January 27, 198	2 9:50 ^a
	3. SEX	4 RACE	5. DATE OF BIRTH		UNDER LYEAR IF UNDER 24 HRS
(RA)	Male	White	Apr. 3, 1903	78 YRS.	DAYS HOURS MIN.
一人图	Je. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
1 11 50	Maryland	USA	WIDOWED DIVORCED	Baltimore C	ity MD
by the full northing	10. CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Maryland Genera	G HOME OR OTHER INSTITUTION DODRESS) Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Investigator	12b. KIND OF BUSINESS OR INDUST 'Y B&O RR
AND 212	USUAL RESIDENCE (IF NURSING HOME O 136. STATE 136 COU Maryland		N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 6201 Loch Rav	en Blvd.
marylineted within	14 FATHER'S NAME FIRST Clarence	MIDDLE LAST L. Rollins	15. MOTHER'S MAIDEN NAME FIRST Lillian	WIDDLE	Deshield
TIMORE, be executed on ond co.	160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 215 05 3		thy M. Rollins	Same
ST., BALT printicate by physicio on papers. emovol.	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ESTON death ce ottendin ove carb irion, or r	Conditions, if ony, which	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	cxxx scess formation of	the LUNGS.	
that the that the by the ease remain of, cremain or other tr	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE CROHNS DI	NCE OF SEASE		

1/29/82

Henry W. Jenkins &

Balto

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NOF YES XX NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) CITY OF TOWN STA1E WHILE AT WORK NOT WHILE 220.1 certify that XI) (this haspital) attended the deceased from Novembe January 27 sow the deceased alive on January 27 above XIXwe) (did) (dXXX view the body after death and that in (90) (our) opinion death accurred on the date and hour and from the causes stated 77b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL 1/27/82 DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME LITTE OF PRINT 22e ADDRESS c/o Maryland General Hospital Mohammad Aslam. 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE

Loudon Park

CITY OR TOWN

Balto

25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNALLI

COUNTY

TO FUNERAL DIRECTOR. After this certificate hos been signe should be detached for use as the buriol-transit permit. Then played to be so the State Dept. af Heolih and Mental Hygiene prior to buri IMPORTANT: If Item 21 is TO HOSPITAL OR BP DHMH - 16 50M 1/81 (VRA 15, 4)

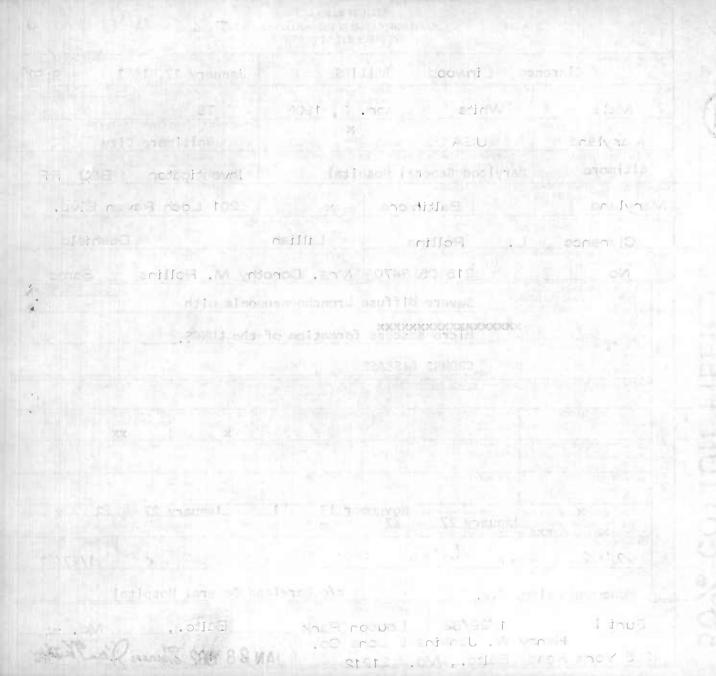
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morked or Item

Burial

24 FUNERAL DIRECTOR

4905 York Road



SECTION SET A MALE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h HOUR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

22c. DATE SIGNED

21231

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

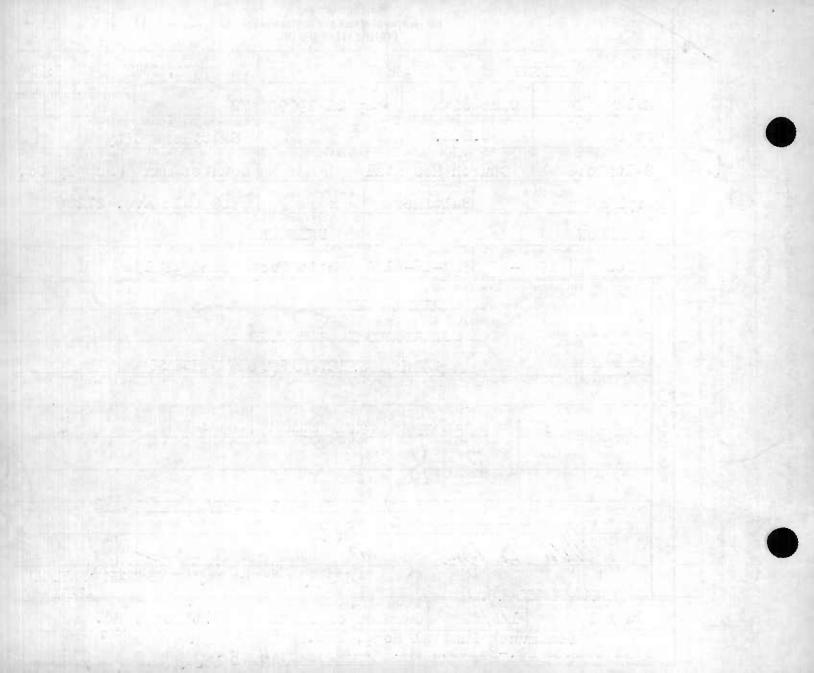
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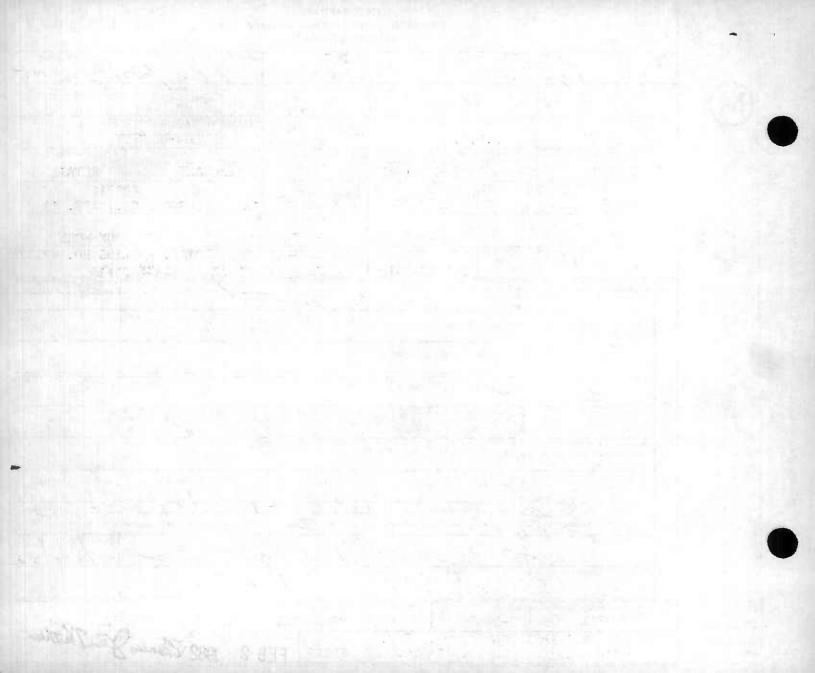
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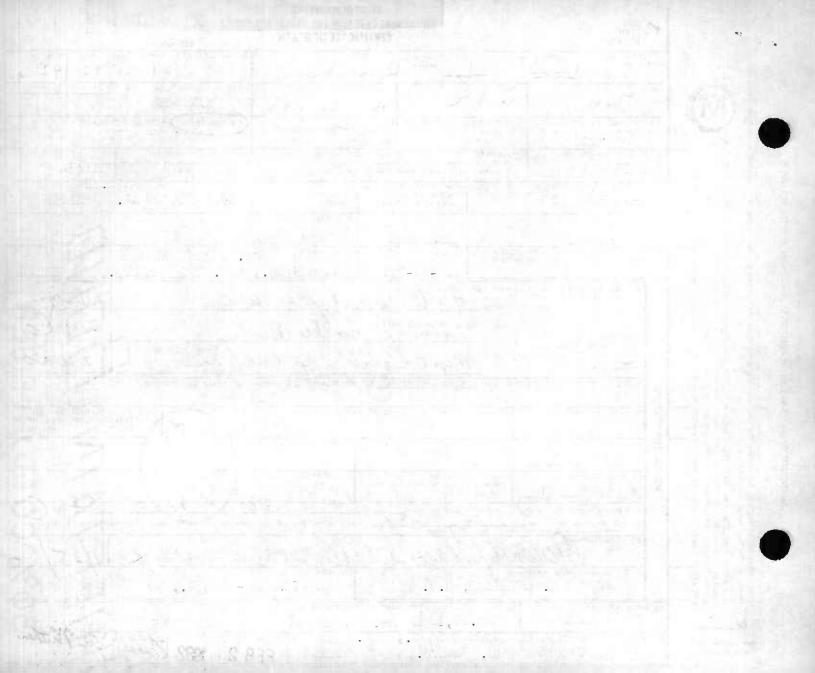
REGISTRAR



- A	1-	FOR STATE REGISTRAR			T OF HEAL	MARYLAND TH AND MENTAL HYO TE OF DEATH		2 REG. NO.	0 1 4	3 9
m #		OR PRINT)	AMUEL MIDDLE		RIAST	ROSE	20. DATE OF DI		JOAY YEAR	26 HOUR
M	3 SEX		4 RACE GC	HITE	DATE OF BI	DAY YEAR	6. AGE (IN YEAR	S LAST BIRTHOAY)	IF UNDER I YEAR	IF UNDER 24 HRS
in 72		RTHPLACE (STATE OR FOREIGN OUNTRY) RUSSIA	76. CITIZEN OF WHAT U.S.A.		MARRIED X	(NEVER MARRIED DIVORCED D			NTY OF DEATH	MD.
by the full with gold with	В	TY OR TOWN OF DEATH ALTIMORE	(#F NOT IN SUCH FACILITY SINAI	HOSPIT	AL	THER INSTITUTION	120 USUAL OC (TYPE OF WORK FO MERCH	R MOST OF WORKE	NG LIFE) INDUSTRY	TAIL
	M	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUNT ARYLAND	OTHER INSTITUTION GIVE RE	SIDENCE BEFORE ADV ITY OR TOWN LTIMORE		INSIDE CITY LIMITS?	13e. STREET AD	RESS LESTONE	#21215 E CT., AP	T. 1A
DE Condet		THER'S NAME FIRST NATHAN	WIDDLE	ROSE		MOTHER'S MAIDEN NA BESSIE	۸	MODIE	UNKN	
S. Poges		(AS DECEASED EVER IN U.S. AR es, no or unknown)	E WAR OR DATES)	OCIAL SECURIT		NFORMAN HAROL	/	1	XXXXXXX	D. #21228
been signed by the otherdan rmit. Then pleose remove carb prior to burial, cremation, ar any injury, ar other troumotic	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause 10, stoting the underlying couse last. PART 2. OTHER SIGNIFICANT (lity	CONSEQUENCE	E OF	RELATED TO THE TERM	MINAL DISEASE C	Y? 20b. IF	GIVEN IN PART 1(FYÉS, WERE FINDII RTIFYING CAUSES	NGS USED
buriol fransit per Mental Hygiene or frem 18 shows		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. M		YEAR 19	. HOW INJURY OCCUR		0	YES	NO []
s the bur h and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJ (AT HOME, STREET, FAC	URY TORY, OFFICE, FARM	211	LOCATION	C	ITY OR TOWN	COUNTY	STATE
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should be det with the State		22d PHY LEIGHTS NAME THE	2 Ato	3 Ac	1	ADDRESS	40	B.		
	- (URIAL, CREMATION, REMOVAL BURIAL	2-1-82	LUBA	WITZ	TERY OR CREMATORY NUSACH ARI	ROSEL	ALE E	BALTO_	MD ^{STATE}
6 30M 2/80 \ 15, 4)	24 FU	NERALDIRECTORSOL LET 6010 REISTE	VINSON & BERSTOWN RD.,	ROS., IN BALTO.	NC. , MD	21215 FE	TE REC'D. BY REG	32 Prom		Mithe



	1	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2 0	144	10
ge 33		CEASED NAME FIRST OU	IIS	LEE	Ros	enbern	20 DATE OF DEATH MONTH	DAY YEAR 21 4	4 45 AM
age 4 mo	3 SE	Male	1 RACE	te	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) XXX 88 YRS	MONTHS DAYS H	FUNDER 24 HRS
death. Po		IRTHPLACE (STATE OR FOREIGN OUT RAY)	USA	WHAT COUNTRY?	WIDOWE		BALTIMORE CITY DR COUN	CITY	MD
hours offer of the first of the	В	ALTIMORE	(IF NOTE A	INDALE "HI	EBREW	OR OTHER INSTITUTION HOME	120 USUAL OCCUPATION (TYPE GERCOR OST OF WORKING		
AND 21:	13aM	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION UTY	BALTIM	PE ADMISSION)	13d INSIDE CITY LIMITS?	130 36501ADCEARKS L	A Pr. 201 A. #212	15
MARYLAND red within 24 ompletely filled 1 and 2 should examinet mus		ALBERT	MIDDLE	ROSEN BEI		15. MOTHER'S MAIDEN NA/ FIRST REBECCA	MIDDLE	GOLDSTE	IN
BALTIMORE, M. core be executed system and comp opers. Pages 1 on vol. it, the medical exe			MED FORCES? E WAR OR DATES)	226-44-9		17 INFORMANT MR CLARKS LA.,	S. SARAH ^D ROSENB APT. 201 BAL	TO. MD	21215
W. PRESTON ST., BALT of the death certificate by the ottending physicio se remove carbon papers, cremation, or removal.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D BY: E CAUSE (o)	PRAS A CONSEQUE	NOM ENCE OF	al farla	ine	APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
DS, 201 W. PR quires that the signed by the hen please remain to burial, crema niury, or other tr	NO	gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT (DUE TO, O	Myoca	rdia	lingar NOT RELATED TO THE TERM	CHO INAL DISEASE OR CONDITION G	2U	Ro.
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The low requires the other office of the certificor. The this certificor has been signed to so the buriol-transit permit. Then plea the and Mental Hygiene prior to buriol orked or them 18 shows any injury, or a contract of the contract of	CERTIFICATION	19a date of operation	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CER	ES, WERE FINDINGS TIFYING CAUSES OF YES [S USED F DEATH?
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TTEN pitol TOR: for us of He		220. I certify that (I) (this haspi sow the deceased alive on above, (I) (we) (did); (did no				nd that in (my) (our) opinion of	death accurred on the date and h	our and from the cou	
HOSPITAL OR A' ned by the hosp FUNERL DIREC Jid be detoched the Store Dept. ORTANT: If hem		22d. PHYSICIAN'S NAME (TYPE O	rafe	VERSON	50	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/25	182
TO HOSPITAL retoined by 1 TO FUNERAL should be del with the Stote	23a F	STEVEN A. L	EVENSON		NAME OF C		- BALTO., MD		
720BP	1	BURIAL UNERAL DIRECTOR SOL I	JAN.	27,1982	ANSHE	EMUNAH	BALTIMORE REC'D. BY REGISTRAR 256 REGISTRAR	MARYL STRAR'S SIGNATUR	AND.
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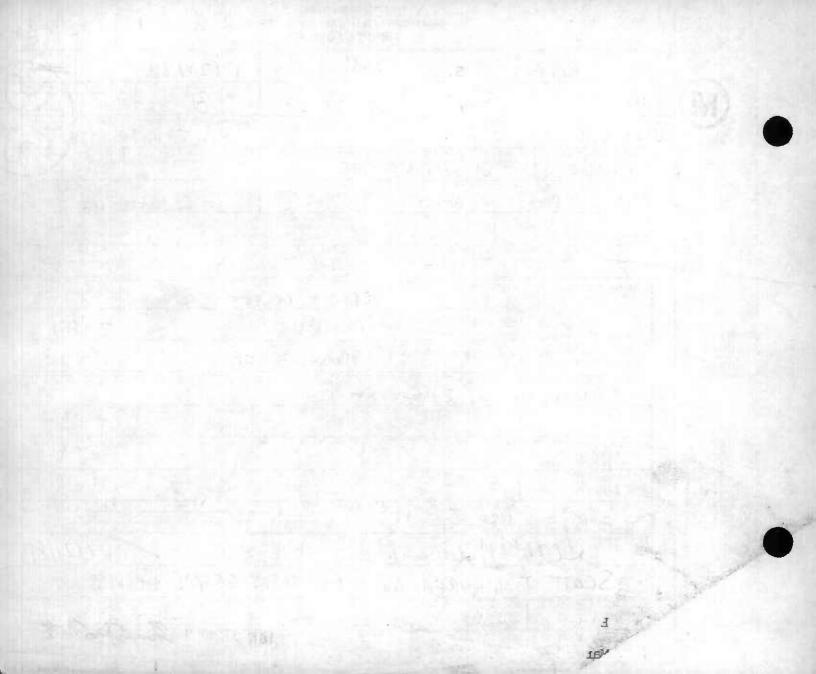
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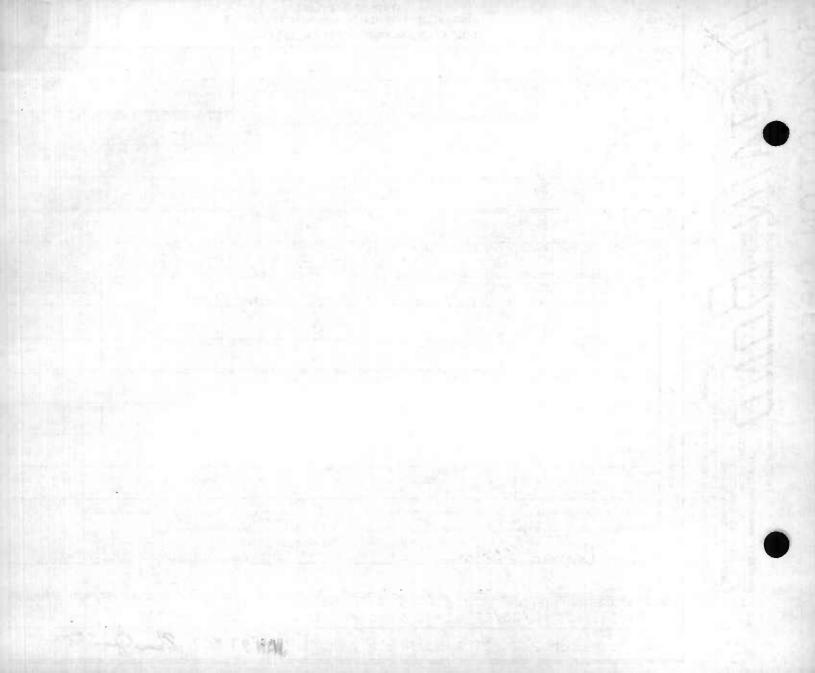
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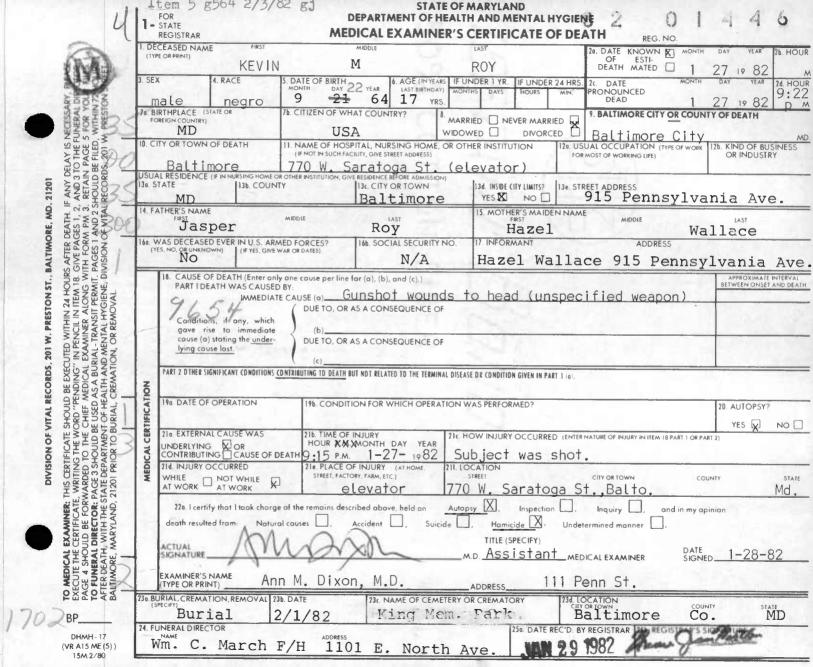
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME DATE KNOWN WW MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED Thomas B. 2019 82 Ross 4 RACE 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. SEX 5. DATE OF BIRTH DATE 3:46 LAST BIRTHDAY) 11 PRONOUNCED 27 Male Black 13 68 DEAD 19 82 YRS In BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED VEVER MARRIED S.C. USA WIDOWED DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION LITYPE OF WORK 1126, KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Lutheran Hospital USUAL RESIDENCE (HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE AGMISSION) 13a STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 814 Bentalou St. MD Baltimore YES X NO [14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Cook LAST EIRST Clarence Alma Ross 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) DIVISION 214-03-3468 Gloria Ross 814 Bentalou St. Yes ICAL EXAMINER ALONG WII A BURIAL - TRANSIT PERMIT P H AND MENTAL HYGIENE, DIV MATION, OR REMOVAL. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A E CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? AL, FORWARDED TO THE CHIEF
TOR: PAGE 3 SHOULD BE USE
THE STATE DEPARTMENT OF I
AND, 21201 PRIGR TO BURIA YES NOXX 21a EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED TIE PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: 17 EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2 Inspection XX 220 I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Accident Hamicide Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) ACTUAL Assistant 1-20-82 SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Virginia L. Dolan, M.D. III Penn Street (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATO Burial Crownsville 1/25/82 Md. Veteran Cem. 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 255-REGISTRAR'S SIGNATURE **DHMH-17** C. March F/H TTS01 E. North Ave. (VR A15 ME (5))

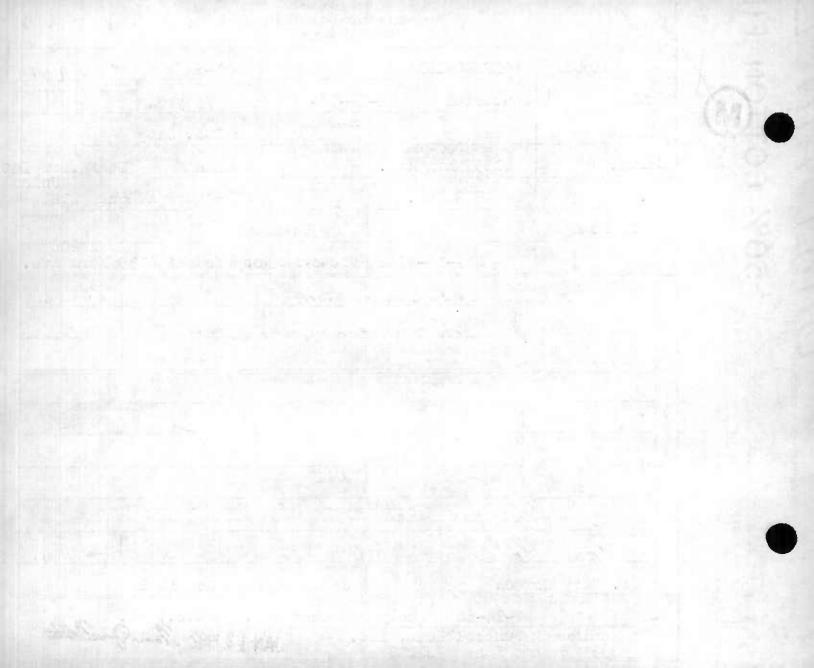
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25 May Creat (100 25 MM)

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4 hourst be	USU 13a.	AL RESIDENCE (IF NURSING HOME OF COTATE 13b. COUNT	OTHER INSTITUTION, GIVE RESIDENCE TY 13c CITY OF	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
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with with d 2 s	14. FA	THER'S NAME FIRST M	NDDLE LAS	ī	15. MOTHER'S MAIDEN NAM	WE	LAST	
MAR Jond Jond		Willie	Ro		Emma		Brext	00
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours rottending physician. Where this certificate has been signed by the ottending physician and completely filled in by os the buriol-transit permit. Then please remove corbon popers: Poges 1 and 2 should be fill the and Mental Hygiene prior to buriol, cremation, ar remarkal. The property of the medical examiner hostibene are all shows ony injury, or other traumatic event, the medical examiner must be an area of the medical examiner must be an area of the medical examiner must be an area of the medical examiner must be an area of the medical examiner must be an area of the medical examiner must be an area of the medical examiner must be an area of the medical examiner must be an area of the medical examiner must be an area of the medical examiner must be an area of the medical examiner must be an area of the medical examiner must be a second or medical examiner must be a second or medical examiner must be a second or medical examiner must be a second or medical examiner must be a second or medical examiner must be a second or medical examiner must be a second or medical examiner must be a second or medical examiner must be a second or medical examiner.		(ES, NO OR UNKNOWN)	WAR OR DATES)	SECURITY NO.	Willard J.	Roy Jr.	3917 Polfield	Α
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beer mit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WERE FINDINGS L	JSED
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OR A DIRECTOR A DIRECT		22b. SIGNATURE		1	DEGREE		22c, DATE SIGN	ED
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90/BP		**Burial	1/28/82	Mt. Au	burn Cem.	Baltimo	ore	MD
DHMH-16 30M 2/80		INERAL DIRECTOR	4	9655		REC'D. BY REGISTRAP	256. NE STRAP'S SIGNATURE	rth-
(VRA 15, 4)	W	m.™C. March F	/H 1101 E	* North	n Ave.	DOCI IS ME	Of the same	Appendix deposits



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Ma I	e Whi		,1944 38 YRS.	FUNDER 1 YR. IF UNDE	R 24 HRS. 24 DATE MIN. PRONOUNCED DEAD	1 29 1982	1:2 D ^
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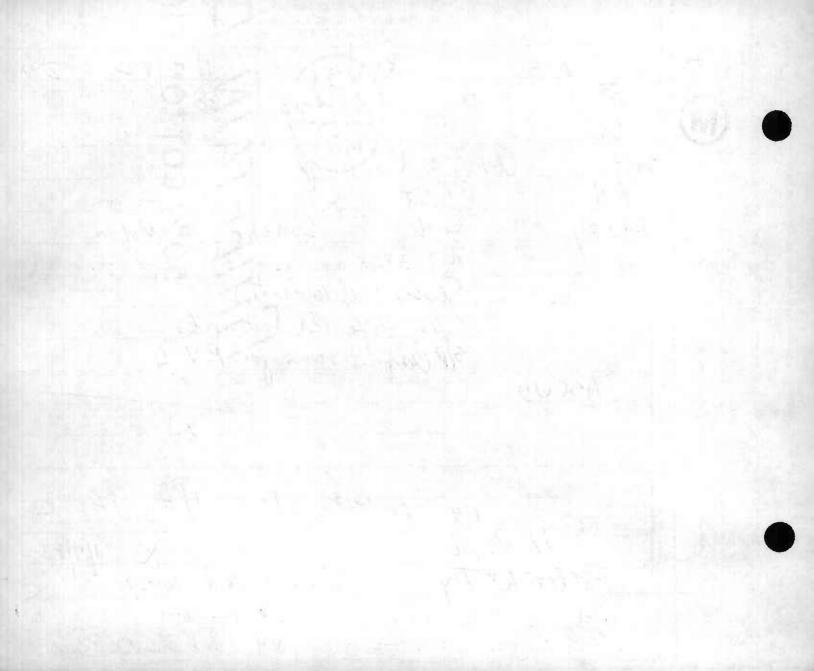
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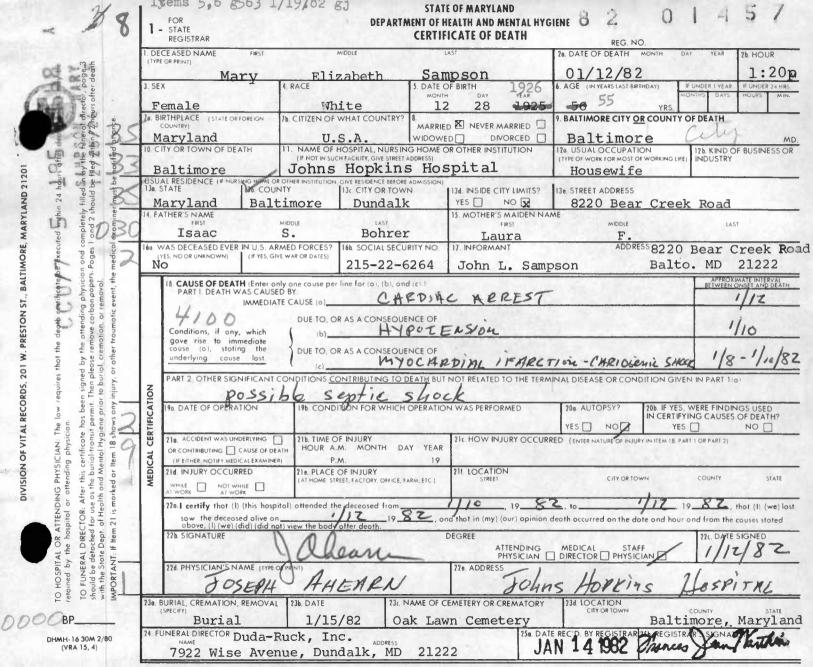
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M	3	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED X WIDOWED DIVORCED	Baltimore City or Coul	
38		or town of DEATH	11. NAME OF HOSPITAL, NURS TO INFINITE IN SUCH FACILITY, GIVEN TREET	the commentation	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12½ KIND OF BUSINESS OR INDUSTRY
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s. Pages		VAS DECEASED EVER IN U.S. AI YES NO OR UNKNOWN) (IF YES, GI Yes	RMED FORCES? IVE WAR OR DATES) 14703	RITYNO. 17. INFORMANT Nora Cooper	ADDRESS 2844 W. Nor	th Ave.
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ate Dept. IT: If Hem		Th SIGNATURE	K. Pormo.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	114182
IMPORTANT: If		FRESEN	ick Toy	22e APDRESS	1 Md. Hos	p. 11
3 1	23a E	DURIAL, CREMATION, REMOVAL SPECIFY) Burial		AME OF CEMETERY OR CREMATORY D. VETERANS CEM.	23d LOCATION CITY OR TOWN Crownsville	COUNTY
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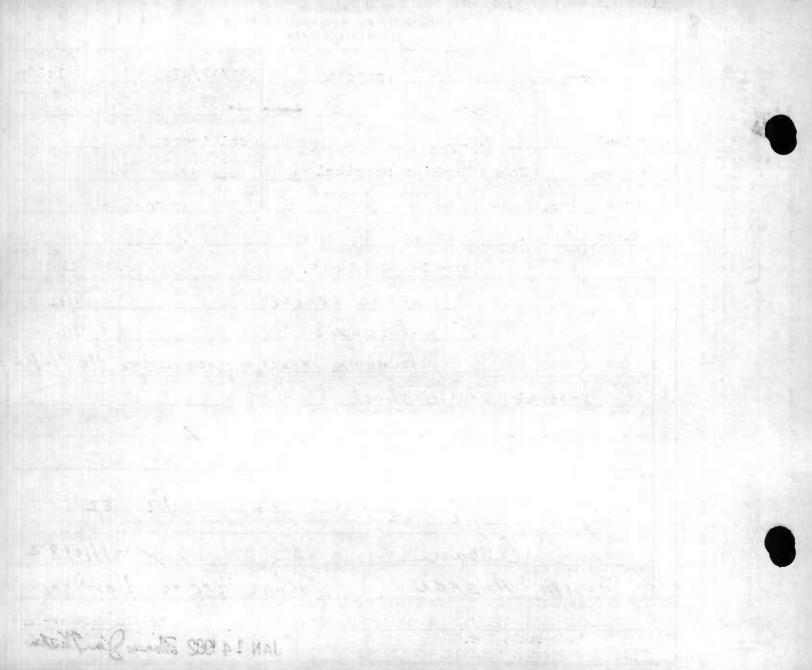


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OR. A COR. A LIST		sow the deceased alive or	oital) attended the deceased from 19 82	and that in (my) (our) opinion	deoth occurred on the do		that (1) (we) last couses stated
The hospital AL DIRECT detoched for the Dept. of the DIRECT CT. If them 2		22b. SIGNATURE PRAJ	inis Solet	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF		SIGNED
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0 € 0 € § € + 10 ≥ BP	23u	STULLAL CREMATION REMOVAL	11/2.82 230 NAM	Landow Con	Battines	u City.	Md.
DHMH-16 30M 2/80 (VRA 15, 4)	K	Winous X	Comment 25055	1/18/ 25a. DAT	AN 11 1982	SE REGISTER SIGNAT	Marthan

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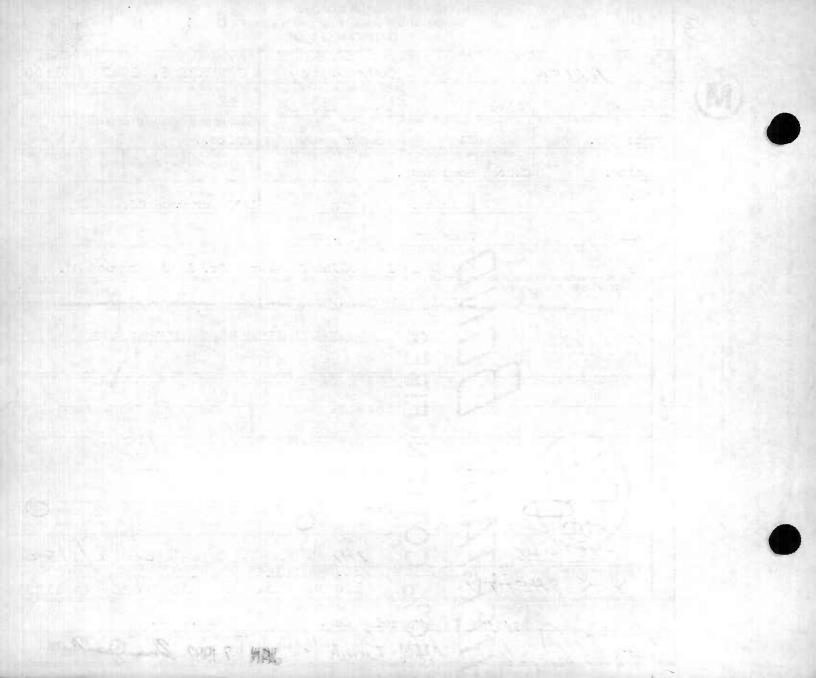


	STATE OF MARYLAND		
FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	6.
REGISTRAR	CERTIFICATE OF DEATH		REG.

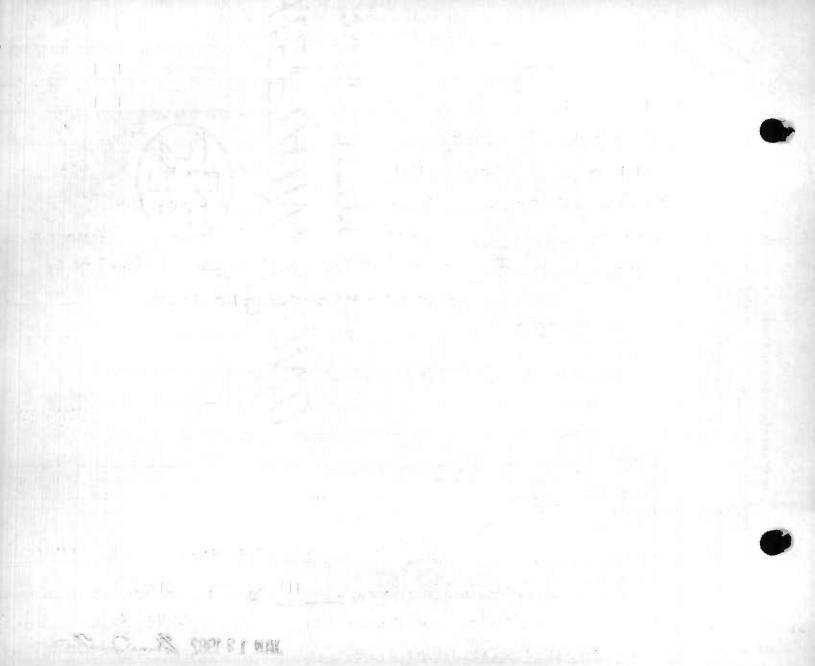
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		REGISTRAR				CERTI	FICATE OF DEATH	REG.	NO.		
		CEASED NAME	FIRST A	LLEN	MIDDLE		LAST SANSBURY	20 DATE OF DEATH		DAY YEAR	2b. HOUR
		AL	LEN	•		5A	NSIBURY	JANUARY	5,	1982	11:00%
1	3. SE	X		4. RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
/		Male	18.00	Black		8	25 26	55	YRS.	DATS	HOURS MIN.
50		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	ED NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	TY OF DEATH	
11		uth Car.	-	1	ISA	WIDOW		Balto.,			MD
35	шС	Balto.	ATH	(IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET A HOME HOSP	ADDRESS]	OR OTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOS			OF BUSINESS OR
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		SIR	the	1/2				DIRECTOR PHYS		1/11	E SIGNED
		22d. PHYSICIAN'S N	ME TYPE	OR PRINT) Y	K. SHETT	Y, 1	M 22 DADDRESS CHUR				
A CALL		A.V	.00	ETI	7		100 N. BRO	ADWAY, BA	LTIM	ORE, M	D 21231
	23a. E	SURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	AME OF (EMETERY OR CREMATORY	23d. LOCATION		EDLEVTE	57A18
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DHMH - 16 50M 1/B1 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: THE LINE retained by the hospital or attending physical

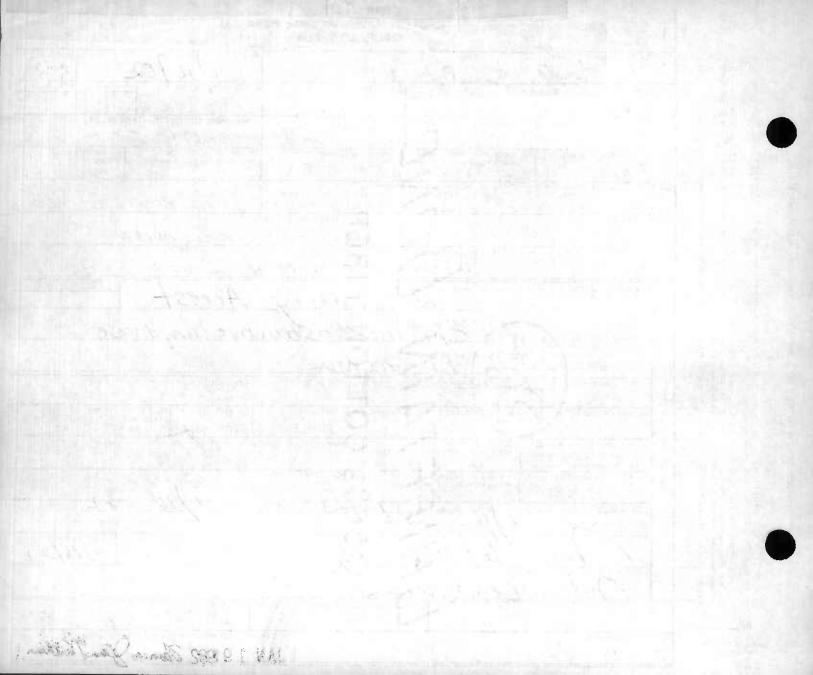


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	Buns	T. DE	CEASED NAME E OR PRINT)	ernard	WIDDLE		asscer		REG. NO.	H DAY YEAR	
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PRESTON ST.,	NER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEAY IS A CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1, 2, AND 3 TO THEFFE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIL PAGE OR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WUAL RECORDS. 2011 WIND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART I DEATH WAS	MEDIATE CAUSE (a) DUE TO, which	inefar (a), (b), and (c).) Arterioscle OR AS A CONSEQUENCE		o cardiovas	scular dis	ease	BETWEEN ON	ATE INTÉRVAL SET AND DEATH
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ITAL REC	SHOULD E CHIEF MI CHIEF MI F USED A T OF HEAL	CERTIFICATION	19a. DATE OF OPERATIO	19b. CON	IDITION FOR WHICH OPE	RATION W	AS PERFORMED?			20, AUTOPS HEAD YES	ONLY NO []
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	O MEDICAL EXECUTE THE PAGE 4 SHO FO FUNERAL FIER DEATH SALTIMORE,	220.0	EXAMINER'S NAME (TYPE OR PRINT)	111011103	D. Smith, M.		ADDRESS III Pe	enn St.		MD.	
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DHMH-16 30M 2/80 (VRA 15, 4)

FOR		DED + DV	STATE OF MARYLAND	CONT. 13 9 11 1 1 1 1 1 1	1
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3. SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR WUNITHS DAYS HOUR	IDER 24
	m	W	7/25/02 YEAR	79 YRS.	K5
To. BIRTHPLA		76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH	
M	D.	USA	WIDOWED DIVORCED	BALTO. CITY	
10. CITY OR	OWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET LVTHERAN	NG HOME OR OTHER INSTITUTION (ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 17b. KIND OF BUS INDUSTRY	INES
USUAL RESI		OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	1	
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

REGISTRAR



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	(5	PECIFY) BURIAL	JAN . 21	,1982 B	NAT	METERY OR CREMATORY SRAEL	23d LOCATION CITY OF TOWN BALTIMO			RY LAND
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URIAL

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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REG. NO

2h HOUR

12b. KIND OF BUSINESS OR

CROWN CORKEDER

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

IF UNDER I YEAR

INDUSTRY

YES [

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

COUNTY

22c. DATE SIGNED

2:15AM

FOR - STATE

REGISTRAR

SHOW OF FIFT - U.S. CO. S. S. SANGE ME. THEF THE ST.

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

- STATE

(VRA 15, 4)

REGISTRAR

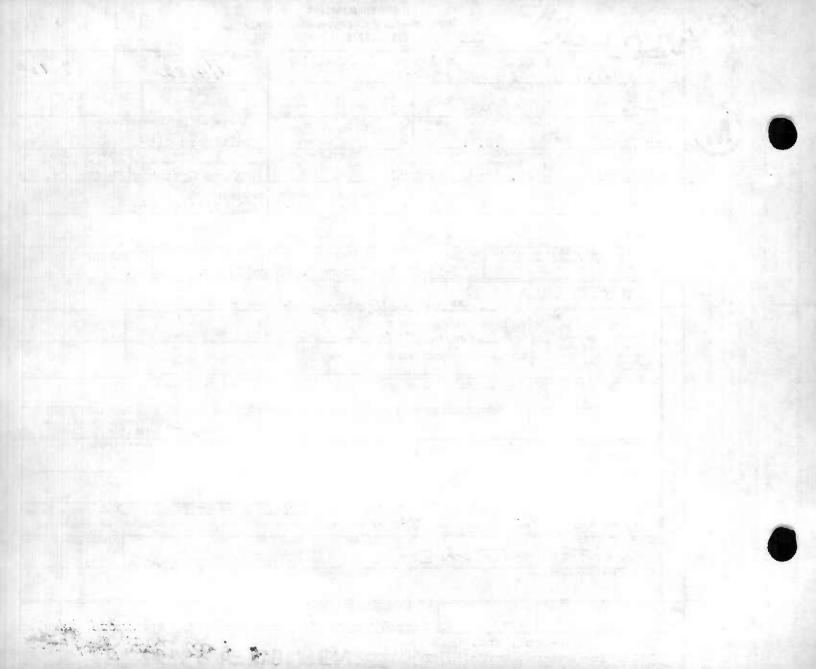
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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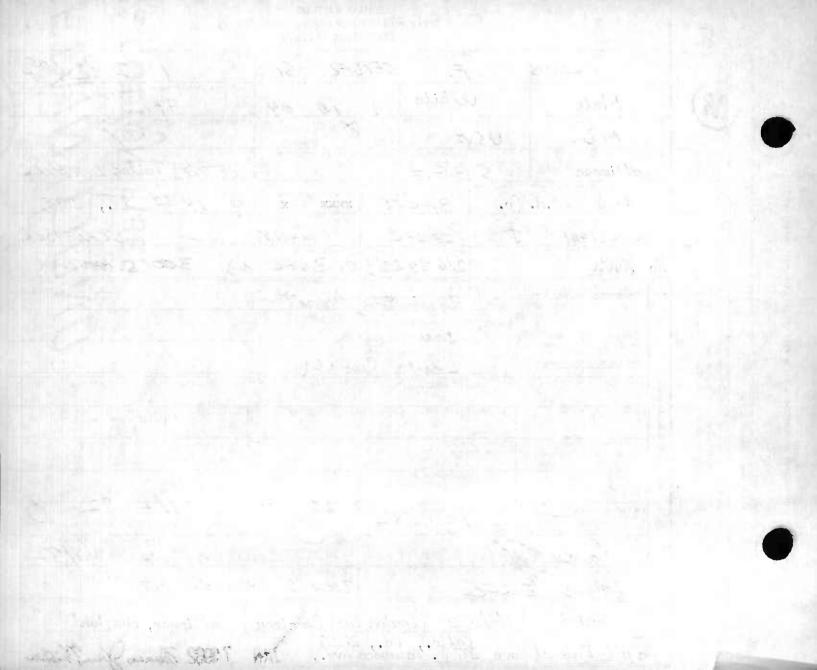
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/	1	STATE REGISTRAR		E		ICATE OF DI		REG.	NO		
0		CEASED NAME FIRS	Dolores	MDDIE Evely	n	AST Schro	11	2R. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
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		ITY OR TOWN OF DEATH	11, NAME OF	HOSPITAL, NURSI	NG HOME			12e. USUAL OCCUPA	TION	12h KIND O	F BUSINESS
2/1	F	Baltimore		ones Hosp				Machine O			n Co
E	USU	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTIO	N, GIVE RESIDENCE BEFOR	RE ADMISSION)					ori un cu	p co.
3			COUNTY	Baltim		134. INSIDE CIT	TY LIMITS?	3213 Dill		root	
X		laryland		Dattill	ore	15 MOTHER'S			OII SCI	Leet	
57		FIRST	MIDDLE	LAST	_		RST	WIDDLE		TO TIES	
	16a \	John WAS DECEASED EVER IN U	Carl S. ARMED FORCES?	Burn		Eliza 17 INFORMAN		ADD	RESS70E	Falke 7 Kavana	
a l	- (YES, NO OR UNKNOWN)	S, GIVE WAR OR DATES)								
1	I.	0		215-14-		Henry	G. Scn	roll, Sr.	ватт		21222
		18 CAUSE OF DEATH (En PART I. DEATH WAS C	ter only one couse pe AUSED BY	1.	-		0	,		BETWEEN	MATE INTERVAL ONSET AND DEA
		1150 IMM	EDIATE CAUSE (0)	(15 2:EV)	-+01	NOTION	1.1900	2C5ナ			11 4
The same		19215	DUE TO, O	OR AS A CONSEQU	ENCE OF	1					15
other		Conditions, if ony, while gove rise to immedio		majer	Organ) forfar	1				12, 14,
0,0		cause (a), stating the	DUE TO, C	OR AS A CONSEQU	ENCE OF						
		underlying coose 18	((c)_								
ınları,	z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN PART TO	>1
sany	CERTIFICATION	190 DATE OF OPERATION	LIN CONT	DITION FOR WHICH	ODERATIO	ALIMAS DEDECOR	4450	200 AUTOPSY?	Tab IE VE	ES, WERE FINDIN	ICS HEED
short 2	5	176 DATE OF OPERATION	148 CON	SITIOIN FOR WHICH	OPERATIO	N WAS PERFOR	MED		IN CERT	IFYING CAUSES	OF DEATH?
200	E			0.5 (6.14) (6.14)		National Property and		YES NO		ES 🗌	но 🗌
9		210. ACCIDENT WAS UNDERLYING CAUSE		OF INJURY I.M. MONTH D	AY YEAR	Lac HOW IN	UKT OCCURR	ED (ENTER NATURE OF IN.	JURY IN ITEM 18.	, PART 1 OR PART 2)	
The part of	Ŭ.	I IF EITHER, NOTIFY MEDICAL EXA	MINER) F	P.M.	19						
3	MEDICAL	214 INJURY OCCURRED	4 . 7	OF INJURY TREET, FACTORY, OFFICE.	FARM, ETC.)	21f LOCATION	N	CITY OR 1	OWN	COUNTY	STATE
		AT WORK ON AT WORK)								
		22a.1 certify that (I) (this			10/10		. 19 8/				that (I) (we
E		sow the deceased of above (I) we taid you	ve on	v ofter death	82.0	nd that in (my) (our) opinion o	death occurred on the	date and ha	our and from the	couses state
f te		226 SIGNATURE		4-		DEGREE				22c. DATE	SIGNED
		Mun	ful	2000)		TENDING HYSICIAN	MEDICAL ST	AFF ICIAN (1)		
<u> </u>		224 PHYSICIAN'S NAME	TYPE OR PRINT)			22R ADDRESS		, , , , , , , , , , , , , , , , , , , ,			
MPORTANT: If Ite											
IMPORTANT: If Item	220	BURIAL, CREMATION, REMO	OVAL 736 DATE	122.	NAME OF C	EMETERY OR CI	DE AA A TODY	1234. LOCATION			
	230.	SPECIFY)						CITY OR TOWN	De La	COUNTY	STATE
-	24 5	Burial	1/7/8		acred	Heart c		S Dundalk	-	ltimore	AL Y
M	14	NAME DIRECTOR Dud					OR. DAIL	0 4000			1 Bus
/79		7922 Wise A	venue, Du	ndalk, MD	2122	22		AN 6 196	- 01-0	4	



10	1.	FOR - STATE		DEPARTA	NENT OF H	OF MARYLAND EALTH AND MENTAL HYG	HENE 8 2	0 1 4 6 8
10		REGISTRAR			CERTIF	CATE OF DEATH	REG. NO	0.
m #		CEASED NAME FIRE OR PRINT)	ST	WIDDLE	L.	121	20. DATE OF DEATH	MONTH DAY YEAR 2b. HOUR
A Book		Ada		Jaseph	Sch	iltz Jr.		1 13 82 10:P M
1 22	3 SE	X	4. F	RACE	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYEAR IF UNDER 24 HRS
(KA)		MALE		WHITE	9	14 05	76	YRS.
	0	RTHPLACE (STATE OR FOREK		CITIZEN OF WHAT COUNTRY?	8. XXXXXXXXXXXXX	CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		R COUNTY OF DEATH
I ITPO		iltimore, Mo		USA	XXXXXX	DIVORCED X	Baltimo	re City MD.
1 1 10		ITY OR TOWN OF DEATH	11.	NAME OF HOSPITAL, NURSIN	(DDRESS)		120 USUAL OCCUPATION	F WORKING LIFEY INDUSTRY -
2120 hours be fill		Baltimore AL RESIDENCE (IF NURSING H	ME OR OTH	St. Agnes H	OSD1	tal	Retire	d Amer. Smelting
	130.	STATE 13M	COUNTY Balt	Lic CITY OR TOW	V,, . 1	13d INSIDE CITY LIMITS? YES NO 182	13e. STREET ADDRESS	gford Road
evil.	14. FA	ATHER'S NAME	. MIDE			15 MOTHER'S MAIDEN NA	ME	
MAM be de		- 0	osep	0		Anna	WIDDLE	Kuyawa
BALTIMORE, MARYLAND soft be executed within 24 systicion and completely filler opers. Poges I and 2 should vol. it, the medical examiner must		VAS DECEASED EVER IN U YES, NGOR UNKNOWN)		D FORCES? 16b. SOCIAL SECUL	143	Anna J. Mur Daughter	ray 1506	ss Langford Rd.
Salt bote bote besselved.		18 CAUSE OF DEATH (Er	itei only o	ne couse per line for (a) (b), and	te : .	Daugittel.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST., he death certific me ottending ph emove carbon pa motion, or remo r froumatic even		4100 1MM	EDIATE C	AUSE (o)	nor	Filmilla		
w. PRES		Conditions, if any, whi gove rise to immedic cause (a), stating t underlying cause la	he }	DUE TO, OR AS A CONSEQUE		car one sy	rarch of	
es the	NO	PART 2 OTHER SIGNIFIC	ANT CON	IDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONT	DITION GIVEN IN PART 110
N: The law requiryscion. vysicion. cote has been signossis permit Then Hygene prior to b 18 showsony injury	CERTIFICATION	19a DATE OF OPERATION		196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \qq \qua
P P P P P P P P P P P P P P P P P P P		2]a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
PHY ending this he bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FA	RM ETC }	211 LOCATION STREET	CHTY OR TO	WN COUNTY STATE
R ATTENDING hospitol or oth hospitol or oth rectors. After hed for use as the papt of Health of tem 21 is market	1	sow the deceased of	ive on	ottended the deceosed from 19 8 ew the body after death.	30h.	that in (my) (our) opinion of	deoth occurred on the do	te and hour and from the causes stated
0 0 0 0 0		22b. SIGNATURE	THE	mener	N	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	
TO HOSPITAL (retoined by the TO FUNERAL I should be deto with the Stote I IMPORTANT: if			G. 1	Hernandez M.	D.	900 Caton	Agnes Hosp AveBal	oital to., Md. #21229
00/BP		BURIAL, CREMATION, REMISSPECIFY) Revial	OVAL 2			metery or crematory rislaus (em.	23d LOCATION Baltimo	e City Md.
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FL	S. Zeiler &	Son	Inc. 901 5. Co			TAN 1 8 1982	the affection of the Month

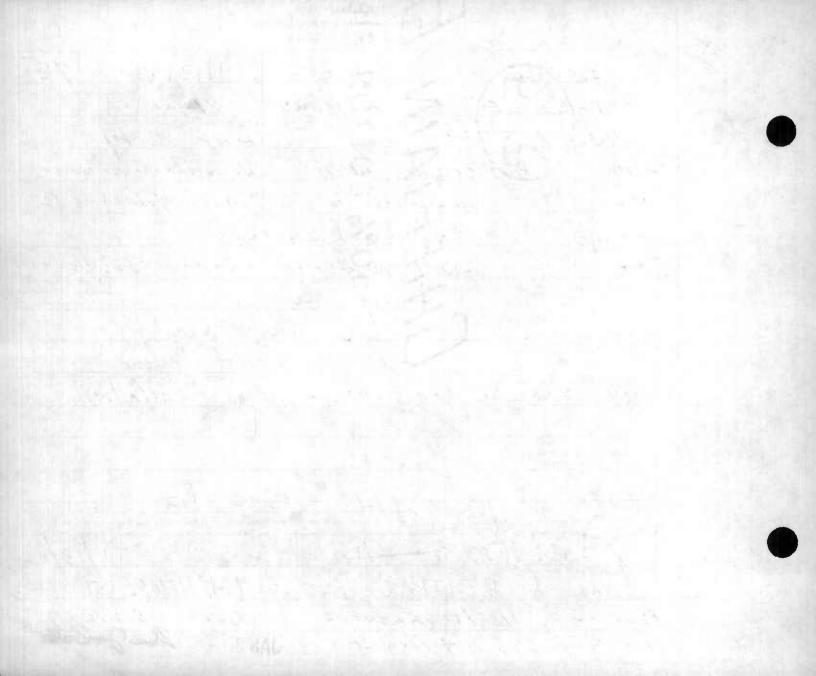
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			3/8/12	CERTIF	ICATE OF DEATH		REG. NO).				
	1. DECEASED NAME (TYPE OR PRINT)	FIRST	^	MIDDLE	L	AST	24	DATE OF DEATH	MONTH D	AY YEAR	26. HOUR		
		lay	J.		SENN			Janua		1982	830 PM		
	3. SEX	4.	RACE		5. DATE C			AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	HOURS MIN.		
	Female		White	•	May		3	83	YRS.		7		
20	OUNTRY)	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9	BALTIMORE CITY OF	COUNTY	OF DEATH	/		
-	Md.	2-60	U.S.A	1.	WIDOWE			Baltimor	e Cit	CV	MD		
	Baltimore	TH I	1. NAME OF H	OSPITAL, NURSIN		OR OTHER INSTITUTION		USUAL OCCUPATION TYPE OF WORK FOR MOST OF HOUSEWI	WORKING LIFE	INDUSTRY	Home		
5	USUAL RESIDENCE (IF NURS) 130. STATE Md.	ng home or o 13b COUNT		GIVE RESIDENCE BEFORE 131. CITY OR TOWN Balto	N	13d. INSIDE CITY LIMITS YES 🔼 NO 🗌	S? 13	street address 3242 Abe	ll Av	ve.			
9	14. FATHER'S NAME FIRST	M	DDLE	Jeffer	s	15 MOTHER'S MAIDEN Martha	NAME	MIDDLE		Evan			
	16a WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	522	Over	brook		
MEDICAL CERTIFICATION	(YES, NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	272 71	212 7h 6h92 Mrs		. Jean M. Gettier						
	Canditians, if any, gave rise to imm cause (a), stating underlying couse	which lediate g the last.	DUE TO, OF DUE TO, OF CONDITIONS CO	TION FOR WHICH	NCE OF	fic Candia NOT RELATED TO THE T	TERMIN	AL DISEASE OR COND 206 AUTOPSY? YES \(\text{NO \(\text{X} \)	20b. IF YES, IN CERTIFY				
	OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHAT WORK 220.1 certify that (1) saw the decease and the decease and the decease	22c. I certify that (1) (tim-hospital) attended the deceased from								county 9 92 and from the	SIGNED		
	23a. BURIAL, CREMATION, I	REMOVAL	23b. DATE 1-5-8	23¢. N	IAME OF C	EMETERY OR CREMATO		23d LOCATION CITY OR TOWN FORK	Balt	COUNTY	Md.		

DHMH-16 30M 2/80 (VRA 15, 4)

Jenkins & Sons Co., Balto., Md.

Rd 250, Date ReC'D. By Registrar 25b. Registrar's Signature Jan 4 1982 24. FUNERAL DIRECTOR
H.W. Jer

Additional transfer of the second sec Power Linda Suit Land Land eralist. AMAS, offer thister, a new . Has seed of still A December of the contract of THE TOTAL STATE OF THE SECOND STATES OF THE SECOND the LS is the MAL II will be the last a section of the last and the la

Wy 218-32-3391 Christine Durson Withous Drinker heaten v Beand Fellon 18.

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525 SECT A SECT OF SECTION OF SEC

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR TYPE OF PRINTI Joseph Shanley Jan 13, 1982 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 11- 20 - 08 WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City WIDOWED B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR The Johns Hopkins Hospital Be esel ConTRACTOR ISUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS 12/TA BOX 319 YES NO 15. MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DAJES) 18 CAUSE OF DEATH Enter only ane cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 11-20-Cuncer 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDIC ALEXAMINER) 214 INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 WHILE NOT WHILE 22a. I certify that (1) Dhis haspital) attended the deceased fram

sow the decreased alive an abave (1) (be) (did) (did no new the bady alter death.

DEGREE 22e ADDRESS

ATTENDING PHYSICIAN

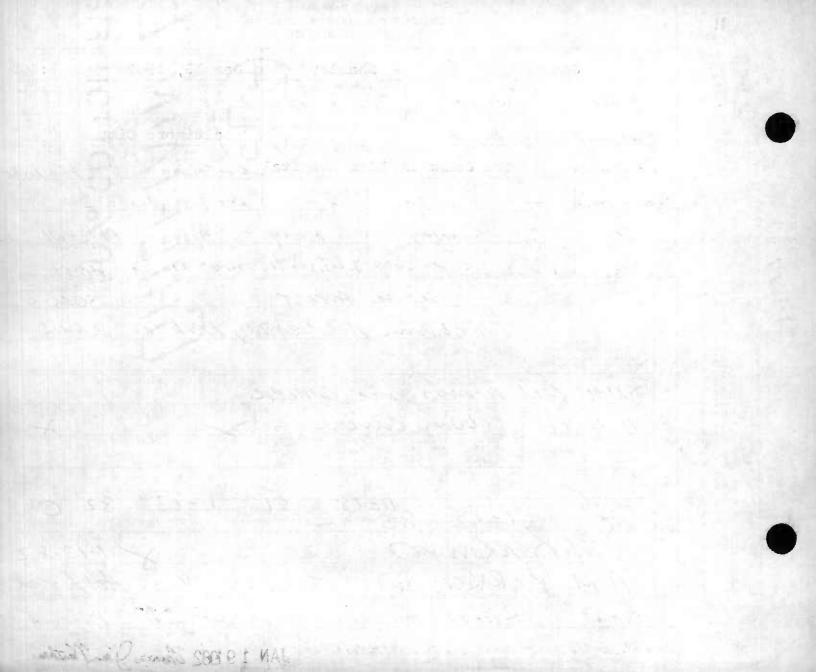
22c. DATE SIGNED

32. and that in (my) (ayr) opinian death occurred on the date and hour and from the causes stated

DHMH - 16 50M 1/81 (VRA 15. 4)

MPORTANT

HOLY CROSS CENTERY Charles L. STevers Furens/ Home, the, 150/ E. Fall Ave



	1.	- STATE REGISTRAR			DEI ARTI	CERTIF	ICATE OF DEATH	OILINE 9	REG. NO:				
		CEASED NAME E OR PRINT)	FIRST	Morga	MDDLE	Shar	AST FF		DEATH MONTH	1982	26 HOUR		
	3 SE.		4. 1	RACE	11	5. DATE C			ARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HR		
	-	Male		White		Mar	ch 3, 1910	71	YRS	MONTHS DAYS	HOURS MIN		
5		IRTHPLACE (STATE OR FI COUNTRY) Md.	OREIGN 76	CITIZEN OF V	VHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED D	9. BALTIMOS	RECITY <u>OR</u> COUNTY ty	OF DEATH	A		
1	В	ITY OR TOWN OF DEA Baltimore		Balti	more City	ADDRESS) HOSE	or other institution		PCCUPATION FOR MOST OF WORKING LI NEANE		OF BUSINESS C		
5	130 S	id.	NG HOME OR OTH		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimos	N	136 INSIDE CITY LIMITS? YES MO	13e STREET A 2714	odress Huntingdoi	n Avenu	е		
0	14. FA	Ernest	MIDI	Shar.	ff LAST		IS MOTHER'S MAIDEN NA FIRST Katherin		MIDDLE	vden (AS	ī		
1		WAS DECEASED EVER ! YES, NO OR UNKNOWN) NO	N U.S. ARME IF YES, GIVE W.	AR OR DATES	166. SOCIAL SECU 214-01-92		Mrs. Carol D	iegelma	address n 303 Cass	ct. B	alair,M		
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardiapline hory Alrest									IMATE INTERVAL ONSET AND DEATH		
		Conditions, if ony, gove rise to imm	ediote	(p)	AS A CONSEQUE	· Car	Cinoma						
		underlying couse		(c)									
	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G									0,		
7	CERTIFICATION	19a DATE OF OPERAT	ION	196. CONDITION FOR WHICH OPERATI			N WAS PERFORMED	20a AUTO	IN CERTIF	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHS			
7		_			21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		21c HOW INJURY OCCUR	RED (ENTER NAT	D (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
	MEDICAL	214 INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	LE M	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FARM, I			211 LOCATION STREET		CITY OR TOWN	COUNTY STA			
		220.1 certify that (1) sow the decease	d ofive on		19			death occurred on the date and hour and from the couses stated					
		obove, (I) (we) (di 22b. SIGNATURE		ew the body of	ifter death		DEGREE	MEDICAL		22c DATE	SIGNED		

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Druid Ridge

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detoched with the State Dept. MPORTANT.

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

Leonard J. Ruck Inc. Baltimore, Maryland

Jan.12,1982

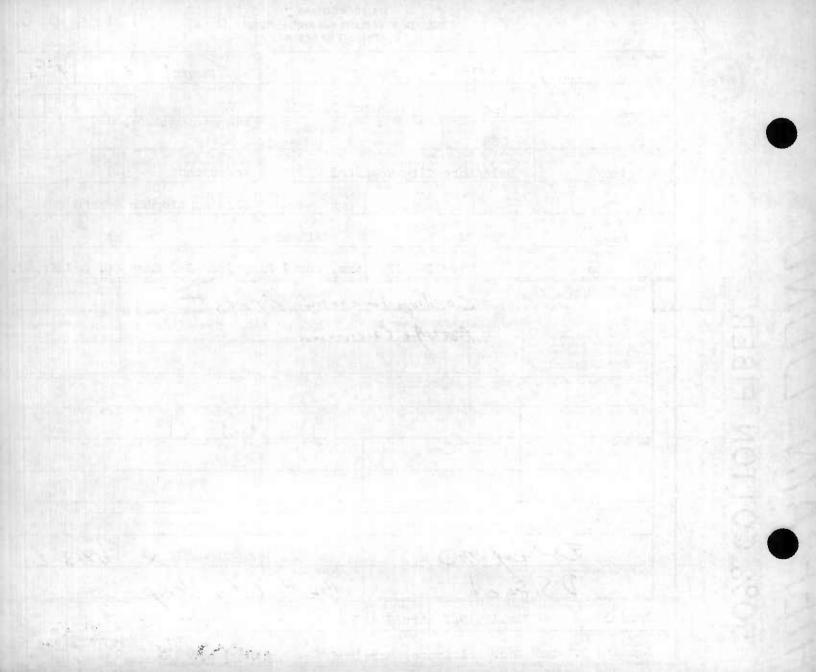
236. DATE

23d LOCATION
PIKESVIIIE Balto. Md.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

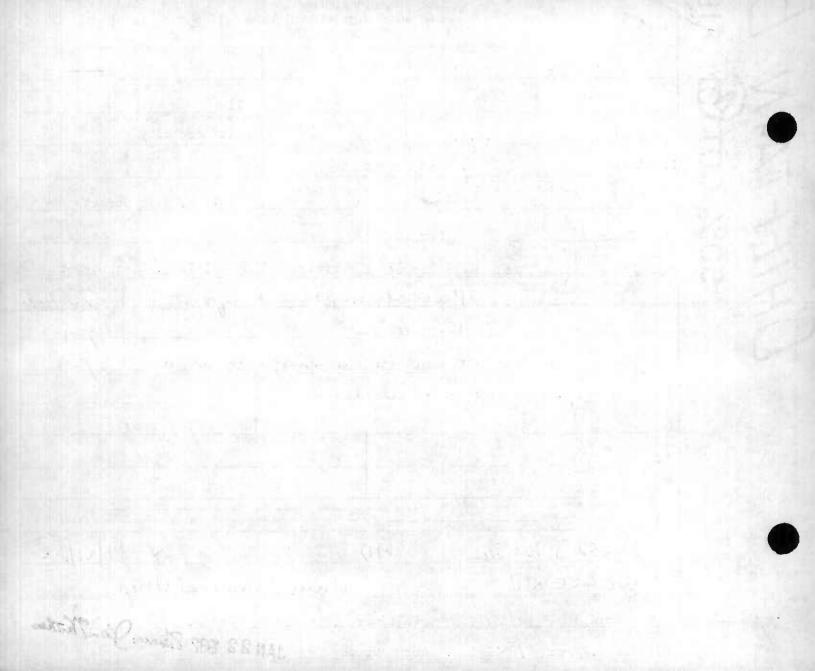
22d. PHYSICIAN'S NAME (TYPE OF PRIN



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

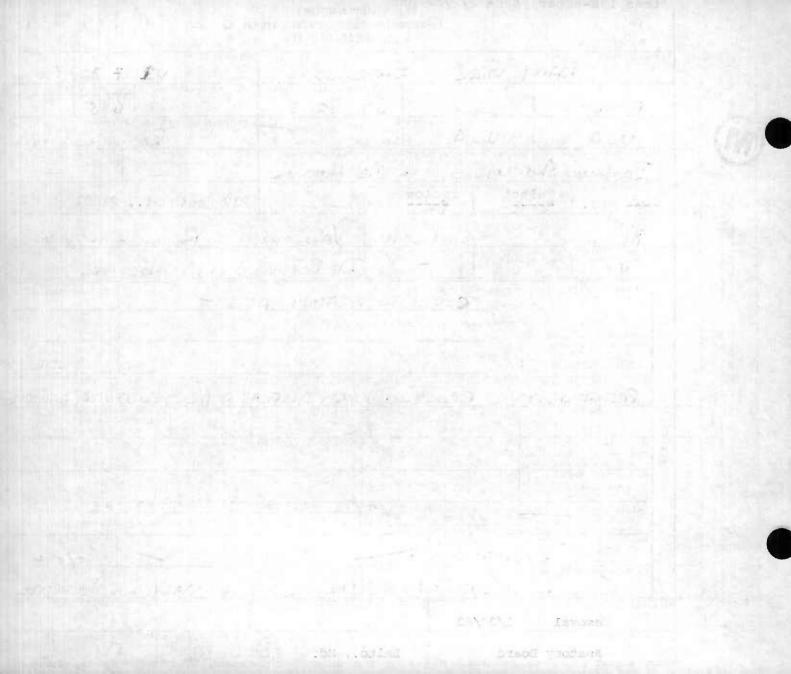
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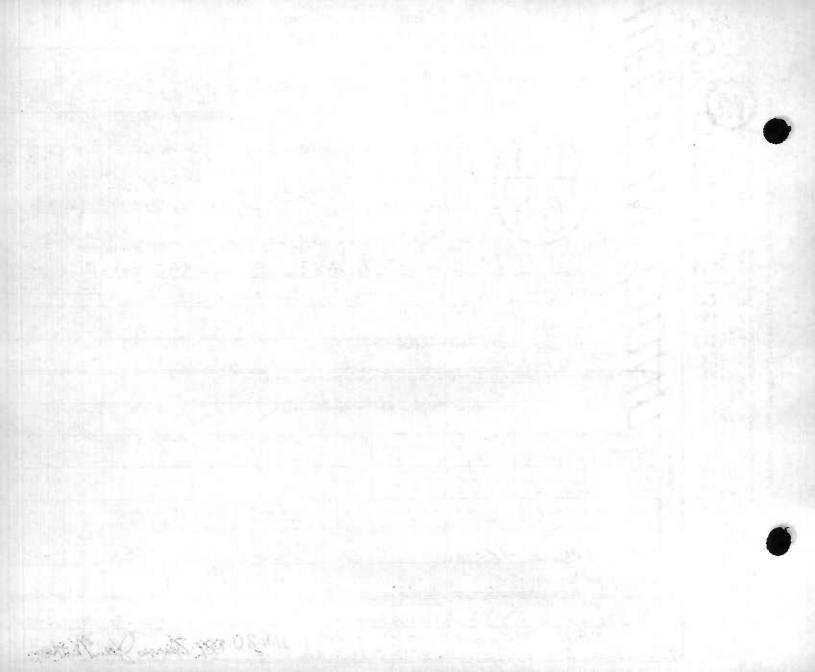
	1.	STATE REGISTRAR			IEALTH AND MENTAL HYO ICATE OF DEATH	GIENE O A	0	1 -1	3 3
M		CEASED NAME PEACL		E She	Elton		MONTH DAY	YEAR 26	D A M
rector ors aft	1.56	+EMALE	(Sh	S. DATE O		6 AGE (IN YEARS LAST BIR	YRS IF	UNDER 1 YEAR IF U	INDER 24 HRS
oneral di pin 72 ho		COUNTRY)	6 CITIZEN OF	what country? 8 Marrie Widows	D NEVER MARRIED DIVORCED	9 BALLIMORE CITY C	B. CA	FDEATH	MD.
by the f		Balto.	SI C	HOSPITAL, NURSING HOME C CHEACILITY, GIVE STREET ADDRESSI	OR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Data Proce	F WORKING LIFE)	Westing	
should be	130	AL RESIDENCE (IF NURSING HOW OR OF STATE BALT:	THER INSTITUTION TY IMOTE	I GIVE RESIDENCE BEFORE ADMISSION LANSOWN Lansdowne	YES NO TO	13 STREET DORESS	nue 2	1227	
O BO		Thomas	H.	Chance	15 MOTHER'S MAIDEN NA FIRST Anna	MIDDLE		Chamb	ers
S. Pages 1		VAS DECEASED EVER IN U.S. ARA yes, no or unknown) (IF yes, give NO	WAR OR DATES)	215-03-2329	Rosemary E.	Miller 135		Avenue	21227
physical onpoper emovol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY.	CARDIA-C	HAREST			APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
e attending physicio mave carbon papers, lotion, or remavol. traumatic event, the		Conditions, if any, which		R AS A CONSEQUENCE OF	L INFAR	CTION			
d by the a leose remo iol, cremot ar other tra		gave rise to immediate cause (a), stating the underlying cause last.)	R AS A CONSEQUENCE OF				- 7-33	
fhen p to bur njury,	NOI	PART 2 OTHER SIGNIFICANT CO		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART Ita	
st permit. Tiple permit. Shows ony ii	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOW	20b. IF YES, V IN CERTIFYIN YES [VERE FINDINGS ING CAUSES OF D	USED DEATH?
D A H		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	11	DE INJURY .M. MONTH DAY YEAR .M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	I OR PART 2)	
e os the buriol- olth and Mental marked or Item	MEDICAL	21d. INJURY OCCURRED WHILE ON WHILE OF AT WORK		OF INJURY REET, FACTORY OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
for use of Health		220.1 certify that (Nthis hospite saw the deceased alive an abave, (Ntwe) (did) (did not	1	28 19 82 0	nd that in (my (aur) opinian	death accurred an the de	2.9., 19. ate and haur a	P2, that nd fram the cause	(N (we) lost
ERAL DIREGORD State Dept.		276. SIGNATURE Creetta	n		DEGREE ATTENDING PHYSICIAN [MEDICAL STAI		1/2 8	5/P2
should be detected by the State Dimportant: If		22d PHYSICIAN'S NAME (TYPE OR	PRINTIPER	f4	ST. Agre	s Herril	eil		
¥ ₹ ₹ ₹ <u>*</u>	23a. [BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 2/1/8		EMETERY OR CREMATORY Chedral Cem.	23d LOCATION Baltimor	e	Ounty M	larylan
50M 1/81 15, 4)		JNERAL DIRECTOR bbard Funeral Ho	ome, In	c. 4107 Wilker	2 M H d	29 1987	25h REGISTRA	R'S SIGNATURE	

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		tems 13a-e per	phone 2/2/02	dad	TE OF MARYLAND			
		FOR - STATE REGISTRAR		ARTMENT OF	HEALTH AND MENTAL HYD FICATE OF DEATH	GIENE 3 2	0 1 4	8 4
m.c		DECEASED NAME TYPE OR PRINT) FIRST	MIDDLE	/	LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
nay be page 3		15Ar	34 GIRL	SHE	RW000		01 17 82	936 PM
a po	3	SEX	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
8 10	9	FEMALE	BLACK	O'S	TH DAY YEAR		YRS. 6 5	HOURS MIN.
(MA) 9	9 70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRI WIDOW	ED NEVER MARRIED	BALTIMORE CITY C	BACTIMORE	Circle
	8 10	BATIMORE A	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES	IRSING HOME		120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION 12b. KIND O	F BUSINESS OF
Alled in muld be	5 1	o. STATE 136 CO	OR OTHER INSTITUTION GIVE RESIDENCE BY 136. DASK	NYO	13d INSIDE CITY LIMITS?	217 South	st., 21601	
12 Cond 2 C	0	FATHER'S NAME FIRST	MIDDLE SHEEL		15 MOTHER'S MAIDEN NA	WIDDLE	CHER	w000
cand can	J. 16	WAS DECEASED EVER IN U.S. A		SECURITY NO.	17. INFORMANT DR BERYNO	ADDRI		000
signed by the arter ten please remaining to burnet cremation.	2	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	OUENCE OF				
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	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORD TO FUNEAL DIRECTOR: AFTER DESTAMENT HITHES BALTIMORE, MARYLAND,		(TYPE OR PRINT	/		olan, M.D.		ADDRESS					
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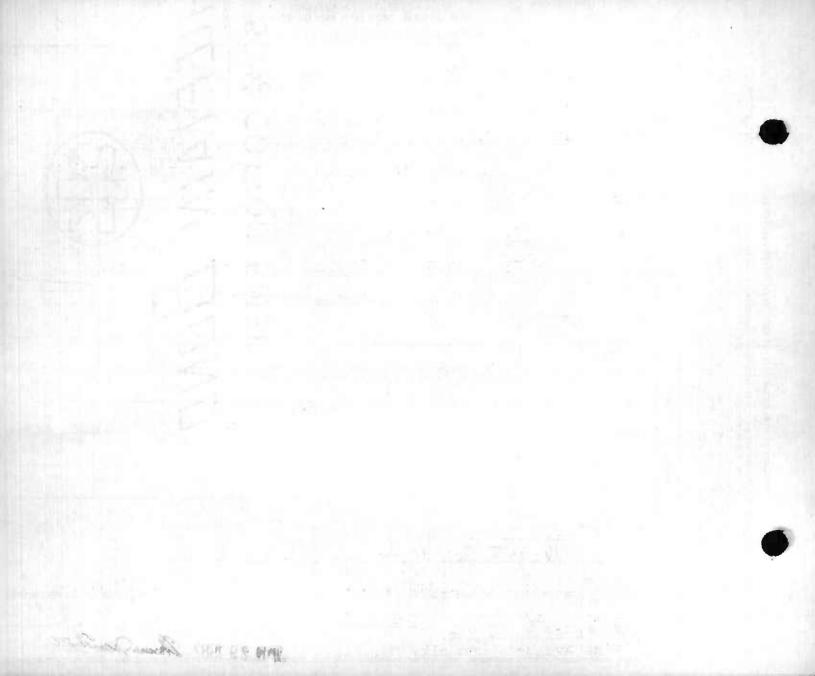
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE OF DEATH 7h HOUR TYPE OR PRINT) Silbaugh 0630 Walter 4. RACE 5. DATE OF BIRTH 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Nov 5 1913 DAY5 White 68 Male TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Penna. Balto. City U.S.A. WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 176. KIND OF BUSINESS OR Union Memorial Hospital Dock Hand INDUSTRY BAlto. Beth. Steel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md Baltimore YES T 5088 Orville Ave. 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST J. Frank Silbaugh Mattie B. Ringer medicol 166 SOCIAL SECURITY NO 17. INFORMANT 211-09-8595 Violet Silbaugh (wife) same address no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY Lung Ca W. PRESTON ST... DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? shows 710. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTHEY MEDICAL FRAMINER) 21d. INJURY OCCURRED 71e. PLACE OF INJURY 21f. LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC) CITY OR TOWN COUNTY STATE NOT WHILE 27/12 220.1 certify that the this hospital ottended the deceased from (our) opinion death occurred on the date and hour and from the causes stated and that in m (I) we did (did not) view the body after death 72h SIGNA DEGREE 22c. DATE SIGNED MEDICAL STAFF should be de with the Stat IMPORTANT. DIRECTOR PHYSICIAN ICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Huddleston UMN. 231 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION Burial Gardens of Faith Baltimore, 14 FUSCHIMUNEK Funeral Home Inc. 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4) 3331 Brehms Lane, Balto. Md. 21213

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO I. DECEASED NAME KNOW X (TYPE OR PRINT) OF 0. 23 19 82 DEATH MATED Glenn Simmons 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY MONTH PRONOUNCED 5 9 60 YRS DEAD 1982 5:43 white male BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. West Virginia Baltimore City WIDOWED [DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a, USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Baltimore City Hospital Line Worker-General Baltimore Motors 30 STATE Baltimore 13d. INSIDE CITY LIMITS? 13e, STREET ADDRESS 13c. CITY OR TOWN Dundalk Maryland 8260 Kavanagh Road YES NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Olin MIDDLE DIVISION OF VE G. Simmons Kate Harper 17. INFORMANT 8260 Kavanagh Road 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 218-12-8054 Rosietta Simmons Balto., MD. 21222 WW APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ALONG WI CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) AND MENTAL HYGIENE, ATION, OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF A BURIAL - TRANSIT gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last THE CHIEF MEDICAL EXAPPLED TO THE CHIEF MEDICAL EXAPPLED BE USED AS A BURIAL.

FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL.

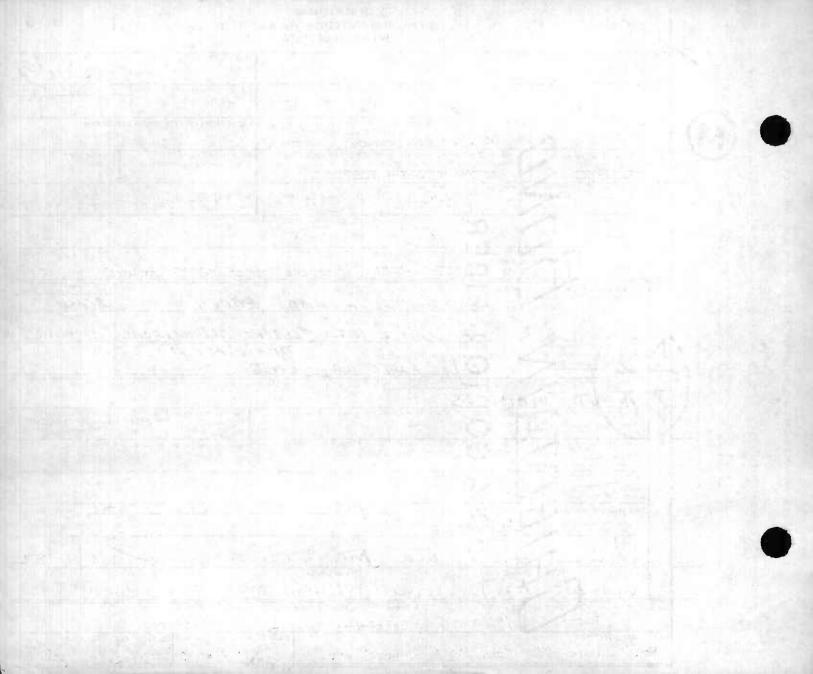
FED DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MEDICAL DEPARTMENT OF HEALTH AND MEDICAL DEPARTMENT OF HEALTH AND MEDICAL CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES. NO (X)X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR NG CO CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED AT WORK AT WOILE STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY 22a. I certify that I took charge of the remains described above, held on Autapsy death resulted from: Natural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER 1/24/82 ACTUAL SIGNATURE BALTIMORE, EXAMINER'S NAME Penn Street, Baltimore, MD21201 PAGE A Margarita A Korell. M.D. ADDRESS 23d LOCATION 23n BURIAL CREMATION REMOVAL 23h DATE White Marsh Holly Hill Maryland Burial 24 FUNERAL DIRECTOR Duda-Ruck ADDRESS nc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNALURE **DHMH-17** 7922 Wise Avenue Dundalk, MD. 21222 (VR A15 ME (5)) 15M 2/80



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH RALTO 12n USUAL OCCUPATION 12h, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 130. STREET ADDRESS Linworth Ave. Apt.1A Convers ADDRESS 1217 Linworth Ave. #1A MI, ZLECTRO-MECHANICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN MEMORIAZ HOSP 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STATE 1/9/82 Burial Baltimore Baltimore Cemetery 24 FUNERAL DIRECTOR Wm. C. March F/H, Inc. 1101 E. North Ave.

STATE OF MARYLAND

DHMH-16 30M 2/80 (VRA 15, 4)



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	EXECUTE THE CERTIFICATE. WE PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGA FIRE DEGINE, WITH THE STATE BALTIMORE, MARYLAND, 2120		22a. I certif	fy that I took chorg	of the remain			Autopsy		Inspectio	XX	Inquiry ermined mo		ond in my			
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		CEASED NAME FIRST	MIDDLE Since	alsterm	20. DATE OF DEATH MONTH D.	28 1100K
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- Loutined		Baltimore 1	11. NAME OF HOSPITAL, NURSING HOME (ST NEET CET)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
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n 21 is mo		220.1 certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did not)	view the body ofter depth.	nd that in (my) (our) opinion de	eoth occurred on the date and hour	that (I) (we) last and from the couses stated
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MPORIA		LEE Ann Rob	ierts, M.D.	Sinzi Hose	pital Baltin	nove, Md.
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		EMETERY OR CREMATORY IS Mem. Pk.	23d LOCATION CITY OR TOWN Baltimore	CO. MD
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	3. SEX	ale	white	May 18	VEAR LAST B	(IN YEARS IF UI HRTHDAY) MON' YRS.		HOURS A	HRS. 2c. D	ATE DUNCED EAD	MONTH 1	27	YEAR 19 82	24 HOUR 8:59 D M
	₹a. B	RTHPLACE (STATE REIGN COUNTRY) Maryland	OR	76 CITIZEN OF WI		MARE		VER MARRIED		ltimorecit	_		EATH	MD
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	13a. S	RESIDENCE (FIN	13b. COUNT	820 Ca PROTHER INSTITUTION, GI TY Limore	130 CITY OR TOV	ore	13d. INSIDE CI	ITY LIMITS? 13	3. STREET AD	DRESS Cate	or Ave		De	ept.
DEATH IF DEATH IF ORE, MD. AGES 1, 2, 20 AM PM 3. 1 AND 2 S. OF WITAL	14, F/	ATHER'S NAME FIRST	Thomas	Sleeman	LAST		15. MOTHE	R'S MAIDEN RST Hele:		MIDDLE agan			AST	
T., BALTIMA DURS AFTER 18. GIVE PA III. PAGES I	16a. V	VAS DECEASED EVES, NO, OR UNKNOWN) Yes	(IF YES, GIVE V	MED FORCES? WAR OR DATES) LT II	216-01		Mrs.		a Slee	nan, Ba		re,M	ld.Wi:	fe
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 1138 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. BETA RES SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD ROLPHORY TO HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECOLUPIED.		PART I DEATH	I WAS CAUSED IMMEDIAT Tany, which to immediate ting the under-	DUE TO, OR	Arteriosc As a consequen	leroti NCE OF	c card	diovasc	cular d	isease			PROXIMATE I	
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DIVISION OF VITA THIS CERTIFICATE SHO WARDED TO THE CHIE MARDED TO THE CHIE PAGE 3 SHOULD BE US TATE DEPARTMENT OF 21201 PRIOR TO BURIA	MEDICAL CERT	21a. EXTERNAL C UNDERLYING CONTRIBUTING 21d INJURY OCC	OR CAUSE OF E	DEATH P.M	. MONTH DAY	YEAR 9	OW INJURY	OCCURRED	(ENTER NATURE C	F INJURY IN ITEM	18 PART 1 OR P			
PAN THE	WE	WHILE AT WORK A	OT WHILE	STREET, FAC	TORY, FARM, ETC.)		STREET			NWOT	C	YIMUC		STATE
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORV. AFTER DEATH, WITH THE S. BALTIMORE, MARYLAND.		22a I certify the death resulted for the SIGNATURE EXAMINER'S NA (TYPE OR PRINT)	ram: Notur	e of the remains des	Accident ,	Suicide	, Homic	_{PECIFY)} sistant	Undetermined MEDICALE Penn S	AMINER	ond in my o , DATE SIGN		-28-8	2
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-9	P	- STATE REGISTRAR	(i)		CERTIFICATE OF DEATH	REG.	NO	
may be page 3 reath		CEASED NAME FIRST	Almeta	R	5mith	1-2-8		10 PL M
. Page 4 ma director, pa ours after d	3 51	-emale	Back	- CO. W. TOWA	5. DATE OF BIRTH	AGE (IN YEARS LAST IN	YRS DAYS	IF UNDER 24 HRS HOURS MIN
er death.	L	LNKNOWN	CITIZEN OF WHAT		MARRIED NEVER MARRIED WIDOWED DIVORCED HOME OR OTHER INSTITUTION	120 USUAL OCCUPA	City	MD. OF BUSINESS OR
hours aft	USL	AL RESIDENCE UF NURSING HOME OR	JUTIENO IN SUCH FACILI	HOSO (objects) md	STYPLOF WORK FOR MOST		
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ficate be ex ficate be ex ysician and pers. Pages oval.		LNKNO WW	VAR OR DATES)	?	Luthern H	osp of md	730 Ashbu	CONST. AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 BIDING PHYSICIAN. Strending physician. 1. After this certificate has been signed by the attending physician and completely filled in by is the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by the and Mental Hygiene prior to burial, cremation, or removal. In and Mental Hygiene prior to burial, cremation, or removal. In and Mental Hygiene prior to burial, cremation, or removal.	Z	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A (b) DUE TO, OR AS A	CONSEQUEN	eum Ma	TERMINAL DISEASE OR CO		
NI RECORN V: The law te has beer permit. The liene prior is shows ann	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION I	FOR WHICH C	PERATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINDI IN CERTIFYING CAUSES YES [NGS USED 5 OF DEATH?
PHYSICIAN ng physician. this certificat urial-transit p Mental Hygid	MEDICAL CER	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	MONTH DAY	YEAR	CURRED (ENTER NATURE OF INJ	URY IN ITEM 18, PART 1 OR PART 2)	
~	MED	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJ (AT HOME, STREET, FAC	TORY, OFFICE, FAI	RM, ETC.) 21F LOCATION STREET	CITY ON TO	187	STATE
ALOR ATTE he hospital or ALDIRECTOF ached for use e Dept. of He Ft 111 and 121 from 21		220.1 certify that M (this haspital saw the deceased alive in above HI (we) (g) = fill in (b) 22b. SIGNATURE	viewhite body afrey		, 19_4	G _ MEDICAL _ ST	date and haur and fram the	
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160BP		BURIAL CREMATION, REMOVAL (SPECIFY) Burial	1/7/82		timore Cemetery	Baltimor		STATE MD
DHMH-16 25M (VRA 15, 4) 1/79		n. C. March F/H,	Inc. 110	1 E. N	orth Ave.	IAN 5 4009	R 256. REGISTRAR'S SIGNA	-OV-

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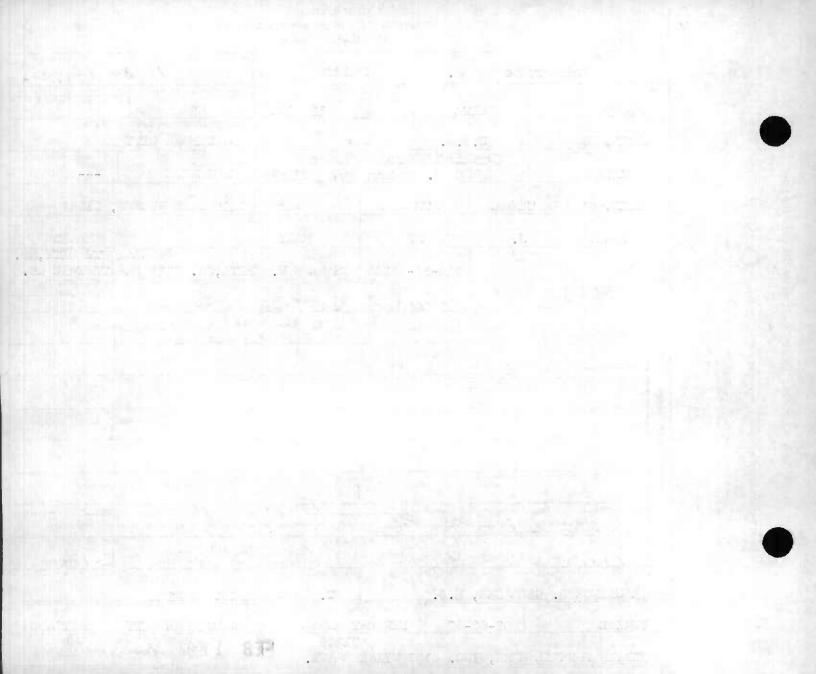
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PAFI	23a.B		TION PEMOVAL	23b. DATE	82		NAME OF CE		R CREMATO	ORY	234 LOC CITY OF Bal		Md.	co	UNTY	STA	TE
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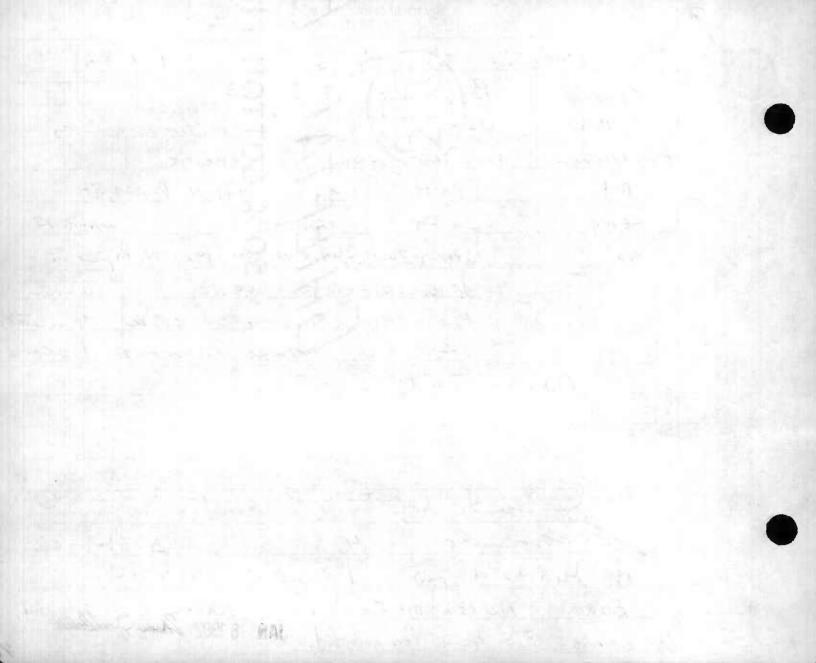
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orial and Arthurst ... envisor was Arthur Line.

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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L		REGISTRAR		ME	DICAL EXAMI	NER'S	CERTIFICATE O	F DEATH	REG.	NO.	1 4) 0
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Ī	4. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDE		MIDDLE		LAST	- 3 /
Ι.	ia. W (YE	S, NO, OR UNKNOV	EVER IN U.S. AF	RMED FORCES? /E WAR OR DATES)	16b. SOCIAL SECUR	RITY NO.	17. INFORMANT		ADDRE	SS		
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	NOI						SE OR CONDITION GIVEN IN PAI	RT (1a).				
1	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDI	TION FOR WHICH OP	ERATION W	VAS PERFORMED?				20 AUTOPSY	
1		210 EXTERNAL UNDERLYING CONTRIBUTION	array .		M. MONTH PAY OF	AR	owinjury occurre		F INJURY IN ITEM	18 PART 1 OR PA	YES X	NO [
	ž I	21d INJURY O		21e PLACE	OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION STREET E. Hughes	St. CHYO	Balt	imore	Md .	STATE
1			, that I took abou	rae of the remains de	scribed abave, held an	Autop	sy X, Inspection	, Ingu			pinian	12
		death resulte		ural causes \square ,		Suicide	Hamicide	Undetermined].		
			d fram. Nati		Accident X,	13.0	TITLE (SPECIFY) A.D. Assistan	Undetermined	AMINER	DATE SIGN		32
2	30.BU	death resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN RIAL, CREMAT PECIFY)	d fram. Nati	M. Dixon	Accident X,	M	TITLE (SPECIFY) AD ASSISTAN ADDRESS 111	Undetermined MEDICAL EX	AMINER	DATE SIGN	IED(32 Tate

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Turtony Boase Patros, Nd., ... 108 2 1882 Federal Park

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MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		DEPART		ICATE OF DEA		IENE 8 Z U	1 3	0 1
		CEASED NAME FIRST		WIOOLE		AST		20. DATE OF DEATH MONTH OA	Y YEAR	2b HOUR
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	3. SE)		4 RACE		S. DATE (OF BIRTH	YEAR _	, , , mc	UNDER I YEAR	R IF UNDER 24 HRS
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-	ZerBI	RTHPLACE ISTATE OF FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MAR	RIED 🔲	BALTIMORE CITY OR COUNTY C		
		Maryland	U.S.A.		WIDOWE		CED 🗌	Baltimo r e Ci	ty	MD.
0	Ва	TY OR TOWN OF DEATH Altimore	St.	HOSPITAL, NURSIN H FACILITY, GIVE STREET Agnes Hos	pital	OR OTHER INSTITU	TION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	12b. KIND INDUSTRY	OF BUSINESS OR
2	Mai	cyland Balt	ROTHER INSTITUTION. NTY Imore	GIVE RESIDENCE BEFORE 13c CITY OR TOW Catonsvi	N		X	1229 N. Rolling	Road	21228
100	14 FA	THER'S NAME Albert	MIDDLE E	Clark		IS MOTHER'S MA		AE MIDDLE	S	üllivan
		AS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		
0		ES, NO OR UNKNOWN) [IF YES, GI	AE MAK OK DATES!	213-03-	0514	Robert (Sm:	ith 269 Berrywoo	d Dri	ve 21146
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per	line for (a), (b), one	dicu				BETWEEN	XIMATE INTERVAL
			TE CAUSE (o)	BRONC	MO F	NEUm	ONIF	7	14	DAYS
	>	4850	DUE TO, O	R AS A CONSEQUE						
Ì		Conditions, if ony, which gove rise to immediate	(b)_							
		couse (0), stoting the underlying couse lost.	DUE TO, OI	R AS A CONSEQUE	NCE OF					
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5	CAT	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY? 20b. IF YES,	VERE FIND	INGS USED
	CERTIFICATION							YES NO YES	NG CAUSE	S OF DEATH?
		210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJUR	Y OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PAR	I OR PART 2)	Water and
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	7111		19					
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY EET, FACTORY, OFFICE, FA	ARM. ETC.)	211 LOCATION STREET	7.5	CITY OR TOWN	COUNTY	STATE
	~	AT WORK AT WORK								
		22a certify that (I) (this hospi			02	1/12/.1	9 02			, that (1) (we) lost
		sow the deceased alive on above, (1) (ye) (did) (did no	it) view the body	ofter death.) opinion d	eoth occurred on the date and hour o		
		22b. SIGNATURE	la	_		DEGREE	VDING	MEDICAL STAFF		E SIGNED
		22d. PHYSICIAN'S NAME				PHYS	ICIAN [DIRECTOR PHYSICIAN		6/82
			or. Hal	mo				NES HOSPITA	_	
-	22a D	URIAL, CREMATION, REMOVAL			LAME OF S			AVENUE		
1		SPECIFY) Rurial	1/29/			Park Ceme		Ral Limore	OUNTY	MaryTano

DHMH - 16 50M 1/81 (VRA 15, 4)

74 FUNERAL DIRECTOR 21229
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME TO DATE KNOWN 76 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED George Smith. Sr. 19 SEX 4. RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR DATE 2, AND 3 TO THE FUNERAL DIBECT 1.3. RETAIN PAGE 5 FOR VOLD 2 SHOULD BE FILED, WITH AL RECORDS, 201 W. POSSIONER YEAR LAST BIRTHDAY) PRONOUNCED male black 17 DEAD 19 82 5 64 Th. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland WIDOWED X DIVORCED Baltimore IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS DELAY IS FOR MOST OF WORKING LIFE) OR INDUSTRY Lutheran Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 2107 N. Ellamont St. YES X NO MD "AL EXAMINER ALONG WITH FORM PM 3. BURIAL-TRANSIT PERMIT, PAGES 1 AND 2 SI AND MENTAL HYGIENE, DIVISION OF WITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Parker Smith Walter Agnes 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! 216-07-1997 Yes 3105 Clifton Ave. Peggy L. Rice 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH AND MENTAL HYGIENE, ATION, OR REMOVAL PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last CREMATION. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIC TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A FIER DEATH, WITH THE STATE DEPARTMENT OF HEALTH, BALLIMORE, MARYLAND, 21201 PRIOR TO BURRAL, CREM CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NOTXX 710 EXTERNAL CAUSE WAS 716. TIME OF INJURY 714 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH PM 718 PLACE OF INJURY (ATHOME 211. LOCATION 71d INJURY OCCURRED NOT WHILE STREET, FACTORY, FARM, ETC.) WHILE CITY OR TOWN COUNTY STATE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autapsy Inspection Accident Undetermined manner TITLE (SPECIFY) 1/4/82 ACTUAL Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn Street, Baltimore, MD 21201 (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Crownsville MD VETERANS CEM. Burial BP 250. DATE REC'D. BY REGISTRA 755. REG 74 FUNERAL DIRECTOR **DHMH - 17** JAN C. March F/H, Inc. 1101 E. North Ave. VR A15 ME (5) 15M 2/80

REGISTRAR

DHMH - 16 50M 1/81

(VRA 15, 4)

BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE MALCINE Mr. Starley W. Smith, Sr. Same as above PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE ond that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Burial Loudon Park Cemetery Baltimore. Maruland 250. DATE REC'D. BY REGISTRAR 256 RD ISTRAR'S Mc Cully Funeral Home, 130 E. Fort Ave Botto Me

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

YEAR

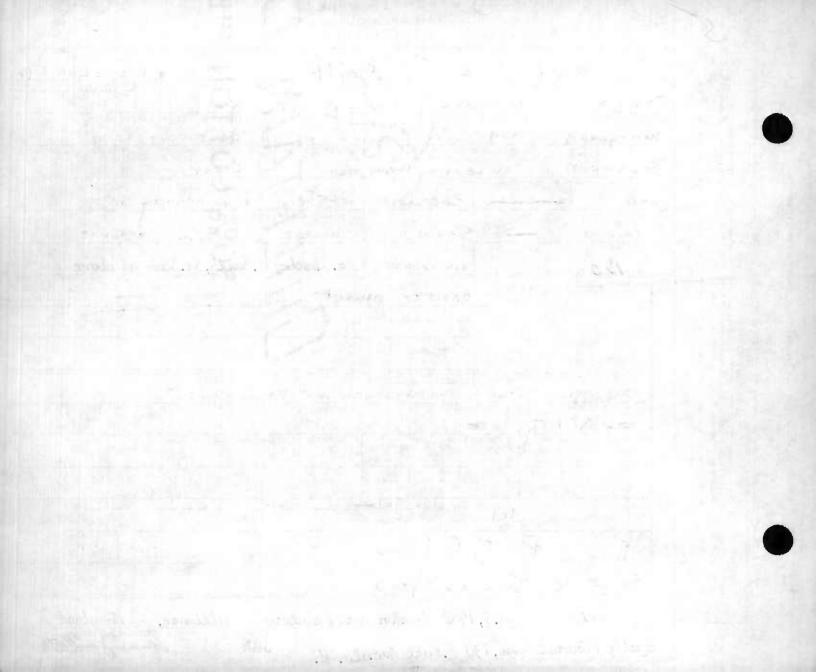
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IF UNDER I YEAR

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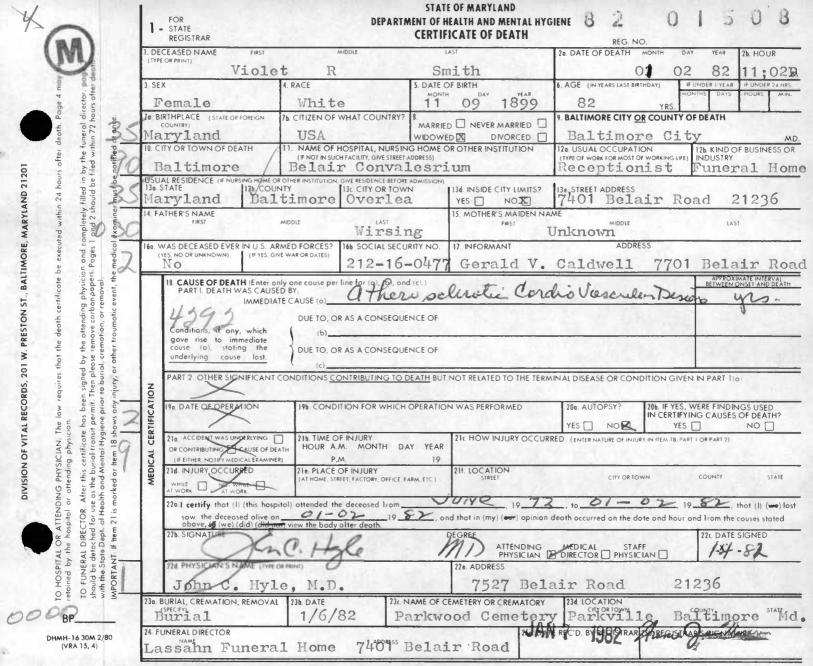
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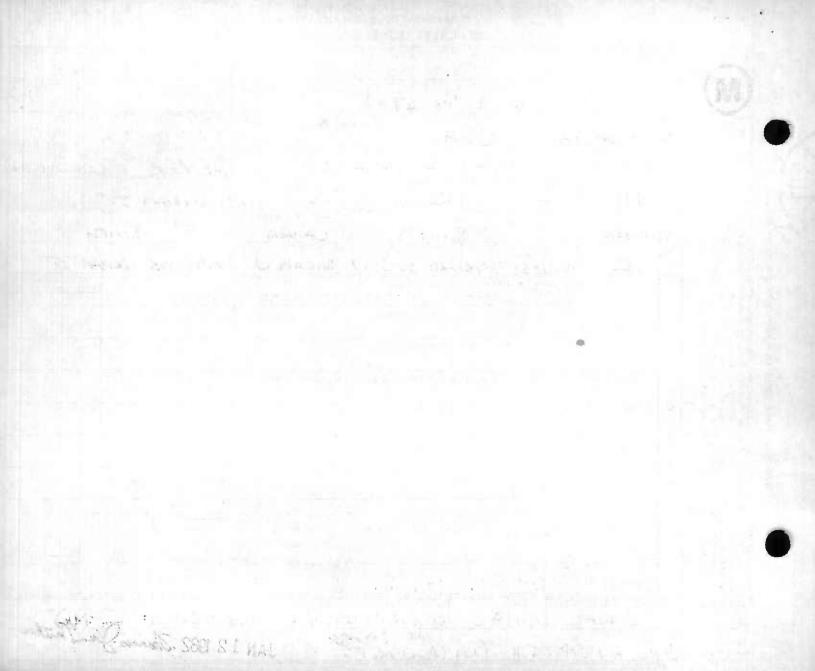


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	BURIAL, CREMATION, REMOVAL 23 Burial	b. DATE 23c. NAM	e of cemetery o Auburn	Cemetery	23d LOCATION CITY ORTOWN Baltimore	COUNTY	STATE Md
24	FUNERAL DIRECTOR NAME William C. Ma	rch F/H 1101	E. Nort	h Ave JA	N 19 1982	ISTRAP SSIGNA	Parth

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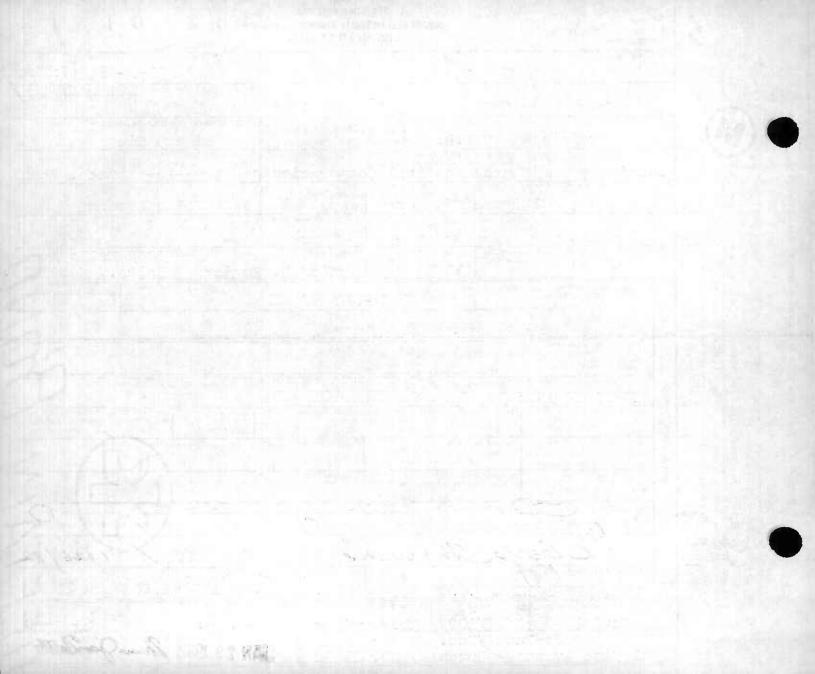
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24 FUNERAL DIRECTOR				D. BY REGISTRAR 2	Sh REGISTRAR'S	January les	ESS.



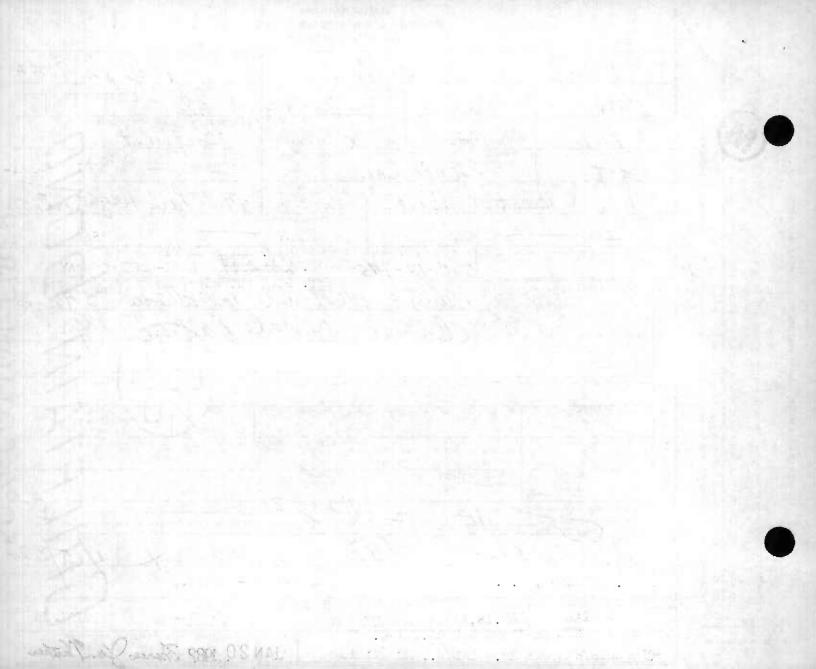
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STATE OF MARYLAND

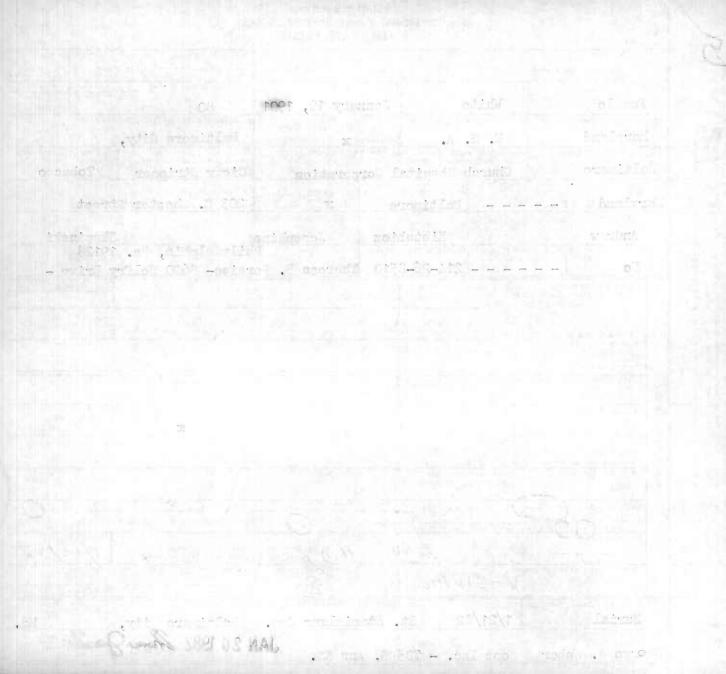


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TO HOSPITAL retained by t TO FUNERAL should be de- with the State								
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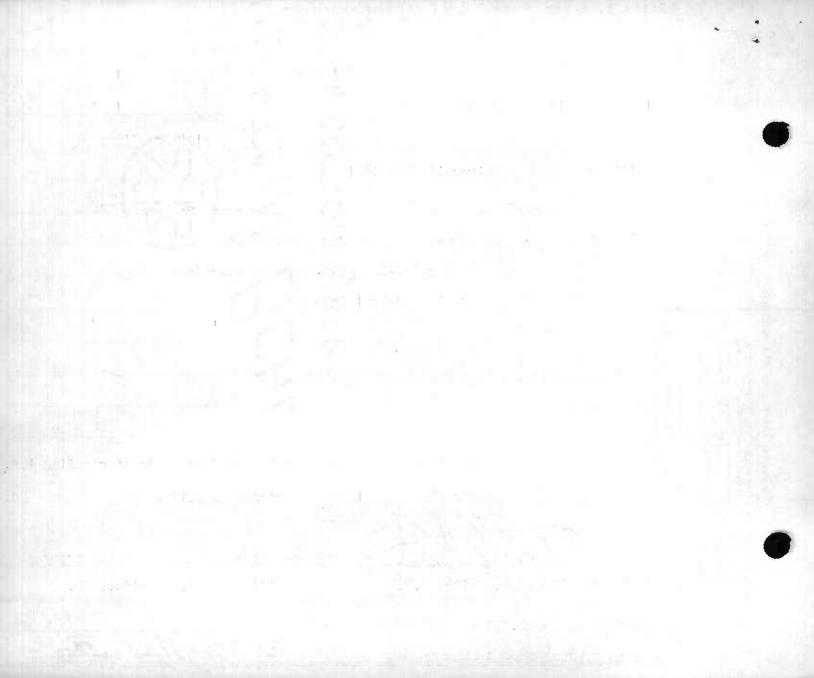
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



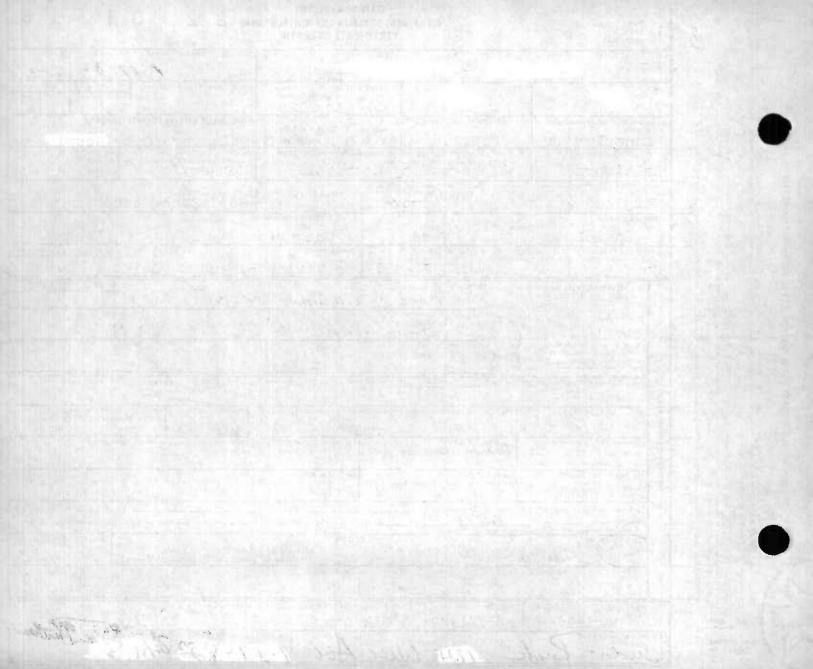
. // : _/	FOR STATE	o, o per		DEPARTMENT	OF HEALT	H AND MEN	ITAL HYGIE		0	200	L.
5 Marin	REGISTR.		ME	DICAL EXAM	AINER'S		ATE OF DE	146	G. NO.		7
7	(TYPE OR PRINT)	Fran	k .7	oseph	Sole	ch:		OF EST		30 1982	26. HOUR
STREET STREET	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE		NDER I YR. IF	UNDER 24 HRS	2c. DATE PRONOUNCED	MONTH	DAY YEAR	2d. HOUR
AL DIRY, YOUN YOUN STON	Male	White	√ 6/4/5 76. CITIZEN OF WI		YRS.		7/11/1	9. BALTIMORE C	1	30 1982	4:49 a M
S NORES	FOREIGN COU	Try)	USA	TAT COUNTRY?		NED NEVER	R MARRIED XX		re City	TOPDEATH	MΓ
DELAY IS NECESSARY, PA 3 TO THE FUNERAL DIREC IN PAGE 5 FOR YOUR DB E FILED, WITHIN 72 H RDS, 201 W- PRESTON SH		imore	HE NOT IN SUCH FA	PITAL, NURSING H CILITY, GIVE STREET ADD Drsity Ho	RESS)	HER INSTITUTIO	FO	SUAL OCCUPATION OF MOST OF WORKING LIFE LATES TO A TO A TO A TO A TO A TO A TO A TO	N TYPE OF WORK	OR INDUST	
SETANA SE	USUAL RESIDE 13a, STATE Md	NCE (IF IN NURSING HOME)	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE AI 13c. CITY OR TOV Baltimo	OMISSION)	13d. INSIDE CITY	LIMITS? 13e. S1	TREET ADDRESS 125 Barks	idala Da		
MD. H. IF H. IF A 3. 2. SH TALE	14 FATHER'S N		MIDDLE	LAST	7.6		S MAIDEN NAM		dale Ro	LAST	
OREAT AND AND AND AND AND AND AND AND AND AND	Kenr		0.	Solesky		Ja	cquelin	e G .		reri	
T., BALTIMORE, MD. 21201 DURS AFTER DEATH. IF ANY IB. GIVE PAGES 1, 2, AND: WITH FORM PM 3. RETA III. PAGES 1 AND 2 SHOUL! S. DIVISION OF WITH RECO	160. WAS DECI	ASED EVER IN U.S. AR NKNOWN)	MED FORCES? WAR OR DATES)	218-70-7		Mr. Ke.		. Solesku	oress Same		
ST., HOUR M 1B. ME, D	18 CAU PAR	SE OF DEATH (Enter or I DEATH WAS CAUSE IMMEDIA	D BY.	far (o), (b), ond (c)					- SAMO	APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
201 W. PRESTON ST., UTED WITHIN 24 HOUF IN PENCIL IN ITEM 1B. EXAMINER ALONG W ISAL - TRANSIT PERMIT. DN, OR REMOVAL.		ditians, if any, which	DUE TO, OR	AS A CONSEQUE	NCE OF						1.4
TTAL RECORDS, 201 W. PRESTON HOULD BE EXECUTED WITHIN 24 PRD "PENDING" IN PENCIL IN ITER HIEF MEDICAL EXAMINER ALON USED ASA BURGAL - TRANSIT PER OFHEATH AND MENTAL HYGIEF IRIAL, CREMATION, OR REMOVA	cau	e (a) stoting the <u>undergrouse lost.</u>		AS A CONSEQUE	NCE OF						
DIVISION OF VITAL RECORDS, S. CERTIFICATE SHOULD BE EXECT RITING THE WORD." PENDING." ROED TO THE CHIEF MEDICAL EX 3 SHOULD BE USED AS A BUR EX 15 SHOULD BE USED AS A BUR OF PRIOR TO BURLITH AND OF PRIOR TO BURLITH AND OF PRIOR TO BURLIAL.		HER SIGNIFICANT CONDITIONS		BUT NOT RELATED TO TN	E TERMINAL DISEA	SE DR CONDITION GI	VEN IN PART 1 (a).				
AITAL RESHOULD OND "PER CHIEF AVE USED A TOFHEAU URIAL, OURIAL,	19a. DAT	E OF OPERATION	196. CONDI	TION FOR WHICH	OPERATION V	VAS PERFORME	D?			20. AUTOPSY	
P. VI	21a. EXT	RNAL CAUSE WAS	21b. TIME OF	INJURY	21c F	OW INJURY O	CCURRED (ENTE	R NATURE OF INJURY IN I	TEM 18 PART 1 OR PA	YES X	NO []
ION G THE TO THE HOULE	S UNDERL CONTRI	ING AOR BUTING CAUSE OF	DEATH 4 PM		9 82 p	assenge	r in au	to/parked	tracto	rtrailer	r imp.
DIVIS WRITIN WARDED WAGE 3 S AGE 2 S ATE DEF	WHILE AT WOR	RY OCCURRED NOT WHILE AT WORK	XI I	DE INJURY JAT HOI FORY, FARM, ETC.)		STREET	arford	CITY OR TOWN		UNTY	STATE Md.
DIVISION OF VITAL REC TO MEDICAL EXAMNER: THIS CERTIFICATE SHOULD BI EXECUTE THE CERTIFICATE, WRITING THE WORD." PEN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALT. BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CR.		certify that I taak chars	ge of the remains des	cribed above, held	Suicide	, Homicide		Inquiry ,	and in my ap	pinian	
ETHE CE SHOULI ERAL DI EATH, W	ACTUAL	IRE A	more)	Smil	<u></u>	TITLE (SPEC		DICAL EXAMINER	DATE	1/30/	/82
O MED VECUTI VECUTI O FUN FTER D ALTIMO	(TYPE O	(KIIVI)	mas D. Smi			ADDRESS		enn St.	Balto.	, MD.	
Emc E 4 m	(SPECIFY)	MATION, REMOVAL				m . Par.	7-	LOCATION TY OR TOWN	cou	Md.	TATE
0000BP	24. FUNERAL D		Feb. 2, 1982		and Me.		DATE REC'D.	1+ imore BY REGISTRAR 25h	REGISTRAR'S		
(VR A15 ME (5))		rd J. Ruck			aryland		FEB .	1 1982 4	Tame Que	March	•

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3	1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAI ICATE OF DEATH		NE 8 2	0	1 5	16
		CEASED NAME FIRST		MIDDLE	L/	AST	2		MONTH DAY	YEAR	2b. HOUR
. Page 4 may be I director, page 3 thours after death	(ITTE	Cather	ine	Ford	S	ommers			1/17	182	6:42 M
moy r, pag	3. SEX	(RACE		5. DATE O			AGE (IN YEARS LAST BIRTI	HDAY) FI	JNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
ge 4	Fe	emale	Wh:	ite	11	30 189	93	88	8 YRS.		
on 72-ho	7a BI	RTHPLACE (STATE OR FOREIGN)	L CITIZEN OF	WHAT COUNTRY?	MARRIE(NEVER MARRIED	9	BALTIMORE CITY O	R COUNTY OF	FDEATH	
part 7		ennsylvania		5.A.	WIDOWE	DIVORCED		Baltimore			, MD.
by the funeral filed wither 72-th another 72-th	Ва	altimore	Balti	more Cit	ADDRESS) LY HO		(TYPE OF WORK FOR MOST OF Housewife	F WORKING LIFE)	INDUSTRY	IF BUSINESS OK
should be fill		AL RESIDENCE (IF NURSING HOME OR COUNTY)	OTHER INSTITUTION	13c CITY OR TOW Baltimo	e admission) /N	13d. INSIDE CITY LIMI YES 🛣 NO 🗆	ITS? 13	3507 Ban	k Stre	eet	
0 0 .=	14. FA	THER'S NAME FIRST M	IDDLE	LAST	Tarab.	15 MOTHER'S MAIDE	EN NAME	WIDDLE	235-11	LAS	T
Se Se Se Se Se Se Se Se Se Se Se Se Se S		Daniel		Ford		Cather	rine			Kue	hn
Pages 1		VAS DECEASED EVER IN U.S. ARA		16b. SOCIAL SECU		17 INFORMANT					Street
rs. Pages	No			213-74-	4577	Catherin	ne S	.Wacker	Balto		D.21224
emoval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse pe			uluno (e)e	. 1	221-5		BETWEEN	MATE INTERVAL ONSET AND DEATH
			CAUSE (0)_	C. MIS	010-1	rimmary	177	entsi		-	
o, or		4100	DUE TO, C	OR AS A CONSEQU	ENCE OF	100 MI MI	11				
		Conditions, if any, which gave rise to immediate	(b)		- 10	O ICUI -					
Crem other	3	couse (a), stating the underlying couse lost.	DUE TO, C	OR AS A CONSEQU	ENCE OF						
prio,	Z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	E TERMIN	AL DISEASE OR CONI	DITION GIVEN	IN PART 10	0)
prior to be ony injury	ATIO	19a, DATE OF OPERATION	19h CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a. AUTOPSY?	20b. IF YES, V	VERE FINDIN	NGS USED
W ne	IFIC.	M. DATE OF OFER THE						YES T NOTY	IN CERTIFYIN		OF DEATH?
Mental Hygier or Item 18 sho	L CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	LIGHTO 1	OF INJURY		21c. HOW INJURY O	CCURRED	O (ENTER NATURE OF INJUR			
Vental Hygie	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	_	OF INJURY	19	211, LOCATION					
offh ond M morked or	MEL	WHILE NOT WHILE AT WORK		TREET, FACTORY, OFFICE,	FARM, ETC.)	STREET		CITY OR TOW	νи	COUNTY	STATE
He He		22a. I certify that (I) (this haspit- saw the deceased alive an	2/1:	1/82 19		d that in (my) (our) op		, tooth occurred on the do			that (1) (we) lost causes stated
oched for us Dept. of He f them 21 is		obove. (I) (we) (did) (did not 12b. SIGNATURE	7 10 2 10 1			DEGREE				22c. DATE	SIGNED
0 = =		1). mul	, -	us, presel	7.	ATTENDI PHYSICI	ING	MEDICAL STAF		-11	17/82
TO FUNERAL should be determined by the Stote IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)			22e. ADDRESS					
2 ₹ § ₹ 	23a. I	BURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE		NAME OF C	EMETERY OR CREMAT	TORY	23d. LOCATION CITY OR TOWN		OUNTY	STATE
		Burial	1/20	/1982	Oak	Lawn			altim	ve -	M. P.
50M 7/77 5 (4))	24. F	UNERAL DIRECTOR	1	ADDRESS /	1.2	A. 0 13	on DATE R	REC'D. BY REGISTRAR N 1 9 1982	CICHARIO	Special	J. Harrison
	-	maa fuel		7922	JUNE	MA	JAI	N I a BOC		_	



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STATE	OF MA	RYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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					REG. N	0.		
1. DECEASED NAME	FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(THE OKTRINI)	FANNIE	9	SOU	THARD		1 21	1 92	1 3 ²
3. SEX	4. R	ACE	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF	JNDER 1 YEAR	IF UNDER 24 I
lemale.		white.	Mai	00-	99		THS DATS	HOURS A
70. BIRTHPLACE (STA	TE OR FOREIGN 76.	CITIZEN OF WHAT C	OUNTRY? 8		9 BALTIMORE CITY O	R COUNTY O	FDEATH	
New Jerse		U.S.A.	MARRIE	D WEVER MARRIED W	Baltimore			
10 CITY OF TOWN O				OR OTHER INSTITUTION	120 USUAL OCCUPATI		17h KIND O	F BUSINESS
Baltimore	4	(IF NOT IN SUCH FACILITY	GIVE STREET ADDRESS)	/-	(TYPE OF WORK FOR MOST O		INDUSTRY	1
USUAL RESIDENCE	F NURSING HOME OR OTHE	ER INSTITUTION, GIVE RESIDEN	A TOSPITAL DENCE BEFORE ADMISSION)		housewife	2	own	home
13a STATE	136 COUNTY	1 0	YORTOWN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	1		
New Jerse	ey amde	en De	rlin	YES NO D	50 Summit	nvenue		
FIRST	O / MIDD	NE	LAST	C . FIRST.	MIDDLE		LAS	ī
Jamuel 160 WAS DECEASED	I reland	FORCESS III CO	CIAL SECURITY NO.	Elizabeth	yeffen ADDRE	cc		
THES. NO OR UNKNOW				100			1 01	0/10
no		145	-40-4922	Wayne South	ard 20 Wood	llane Ri	d. 00	3648
	stoting the cause lost.	DUE TO, OR AS A C	PARTON OF OF	corelana	mulas	acci	le t	
underlying PART 2 OTHER	SIGNIFICANT CON	(c)	NSEQUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	20b. IF YES, W	PART 100	NGS USED
underlying PART 2 OTHER	SIGNIFICANT CON	(c)	NSEQUENCE OF	cerebrova NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	NGS USED OF DEATH?
PART 2 OTHER 19a DATE OF OI 21a. ACCIDENT W	SIGNIFICANT CON PERATION AS UNDERLYING COUNTY CO	19b CONDITION FO	ONSEQUENCE OF NOW AND A BUT OF WHICH OPERATION ON THE DAY YEAR	cerebrova NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [ERE FINDING CAUSES	NGS USED
PART 2 OTHER PART 2 OTHER 19a DATE OF OTHER 21a, ACCIDENT W	SIGNIFICANT CON PERATION AS UNDERLYING G	19b CONDITION FO	OR WHICH OPERATION THE DAY YEAR 19	NOT RELATED TO THE TERM IN WAS PERFORMED 21c HOW INJURY OCCUR 21f LÖCATION	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJUR	20b. IF YES, WIN CERTIFYIN YES [VERE FINDING CAUSES	NGS USED OF DEATH? NO
PART 2 OTHER PART 2 OTHER 199 DATE OF OI 210. ACCIDENT W OR CONTRIBUTION IF EITHER NOTIF 110. INJURY OC	SIGNIFICANT CON PERATION AS UNDERLYING COURSE OF DEATH Y MEDICAL EXAMINER) CURRED	196 CONDITION FO 216. TIME OF INJUR' HOUR A.M. MO P.M.	OR WHICH OPERATION THE DAY YEAR 19	NOT RELATED TO THE TERM IN WAS PERFORMED 21c HOW INJURY OCCUR	20a AUTOPSY?	20b. IF YES, WIN CERTIFYIN YES [ERE FINDING CAUSES	NGS USED OF DEATH?
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1328 Sulphur Spring

Funeral Home

Ambrose

DHMH - 16 50M 1/81 (VRA 15, 4)

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	1		STATE OF MARYLAND
	1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 1 5 2 0
50	4	REGISTRAR	CERTIFICATE OF DEATH REG. NO.
a m =/		CEASED NAME FIRST	MIDDLE LAST 26. DATE OF DEATH MONTH DAY YEAR 26 HOUR
D e		Hayr	ry James Spedden Sno 1-85-82 350 p. m
r may r. pag fter d	3. SE	4	4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
oge 4		Male	White 12 20 07 XXX 74 YRS
h. Po	10 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED CNEVER MARRIED 9 BALTIMORE CITY OF COUNTY OF DEATH
	B	rltimore, Md.	U.S.A. WIDOWED DIVORCED Baltimore (ity MD.
of the day	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION 1170F OF WORKING LIFE) INDUSTRY
5		Baltimore	Baltimore (ity Hospitals Retired Beth. Steel
es that the death certificate be executed within 24 handed by the attending physician and campletely filled in please remove carbonapaers. Pages I and 2 should be fit uria), cremation, ar removal.	130.5	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) UNITY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS
AND 24 h		rryland	Baltimore YESXX NO [] 404 Cornwall Street 21224
withi withi d 2 sl	14. FA	THER'S NAME	MIDDLE LAST FIRST MIDDLE LAST
MA hed and seed and s		George	Spedden Sr. Anna
MORE,			ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
TIMO	L.	No	212-09-1973 Margaret E. Spedden 404 Cornwall Street
BAL: ote sate ysicid		18 CAUSE OF DEATH Enter of	anly ane cause per line for (a), (b), and (c)
ST.,		PART I. DEATH WAS CAUS IMMEDIA	MATE CAUSE (0) Pulmonary embolus
on the ce		4151	DUE TO, OR AS A CONSEQUENCE OF
death death attended ave co		Conditions, if any, which	(b)
the remover the	- 88	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF
that that d by ease ease ol, c		underlying couse lost	(c)
S, 20	7	PART 2 OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
ORD requ	J.	COPO	Coronary artery disease
0 0 0 0 0	ICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
The k cion. ie hos sit per giene shows	CERTIFICATION		YES NO YES NO
DIVISION OF VITAL ORD PHYSICIAN: The catending physicion of the this certificate has the buriol-throats phong the hand Mental Hygien orked or Item 8 show		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	DEATH OUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11EM 18 PART LOR PART 2)
PHYSICIA ending ph this certifi to buriol-ti id Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	NER) P.M. 19
PHY trending the bund Wed or	MED	21d INJURY OCCURRED	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STATE
DIV No rest		AT WORK	
O O O O O O O O O O O O O O O O O O O		220. I certify that (this hasp saw the deceased alive a	spital) attended the deceased from 19 80, to 12 19 0 2 tho (we) last
RECTOR For of em 21 em 21		abave, (1) (we) (did) (did n	not, view the body offer death
the high tracke to Dep		226 STONATURE	DEGREE ATTENDING MEDICAL STAFF
		pronce	HYSICIAN DIRECTOR PHYSICIAN
HOSPITA ined by FUNERA FUNERA VID be do No Marke Sto		22d. PHYSICIAN'S NAME (TYPE	= 0.11
TO HOSPITA TO FUNERA should be do with the STO MAPORTANIA		Franklin 6	E. Chatham
	23o 1	SURIAL, CREMATION, REMOVAL	CITY OF TOWN CONTROL OF THE CONTROL
260 BP		Burial	1-29-82 Sacred Heart of Mary Dundalk, Balto Ca Md
DHMH - 16 50M 1/B1 (VRA 15, 4)		JNERAL DIRECTOR	ADDRESS 250 DATE REC'D. BY REGISTRAR 250, REGISTRAR S ON NATURIAL
(VIA 13, 4)	16.	S. Leilen & Son	n Inc. 6224 Eastern Avenue JAN 27 1982 Carnes Jan latter

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF I	PEATH	REG	. NO.		
	CEASED NAME	FIRST		MIDDIE	L	AST		20. DATE OF DEATH	HINOM H	DAY YEAR	26 HOUR
		NCIS		A	SPORN	EA		JANUAR	Y 17;	1982	2:40pm
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M	aryland	Balti	more			YES 🗌	Жои	6824 Bo		venue	
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	Ignatius	MID		Sporne		Ju	lia	MIDDE		Skota	
	VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL	SECURITY NO.	17 INFORMA	NT	AD	DRESS		
	no	(IF TES, GIVE W	AR OR DATES)	212 0	5 4500	Marl	ene Sni	iadach 68	24 Bos	ston Ave	nue
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	220.1 certify that (I saw the decease above, (I) (we); 27h SKSNATURE	(this haspital)	1-1	7	19_82or	DEGREE	ATTENDING	death occurred an the	TAFF		that (I) (we) last e causes stated E SIGNED 7/82
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	V. SI	VAN MI	0.			100 N		BROADWAY		TI: MĐ	.21231
23o E	BURIAL, CREMATION,	REMOVAL	236 DATE		73c. NAME OF C			23d. LOCATION		COUNTY	STATE

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heol IMPORTANT: If them 21 is m

24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4) Walter Dabrowski

Burial

1005 Dundalk Avenue

1/21/82

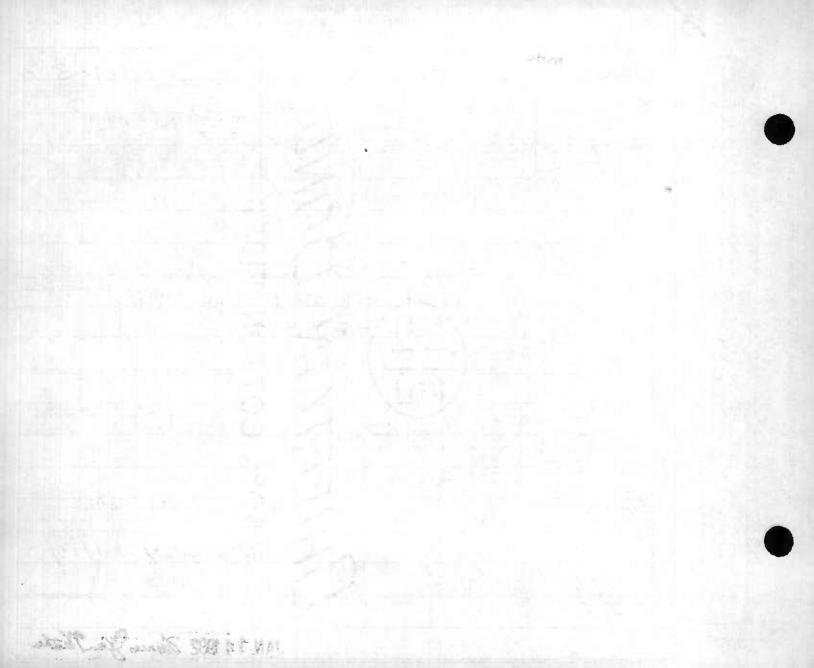
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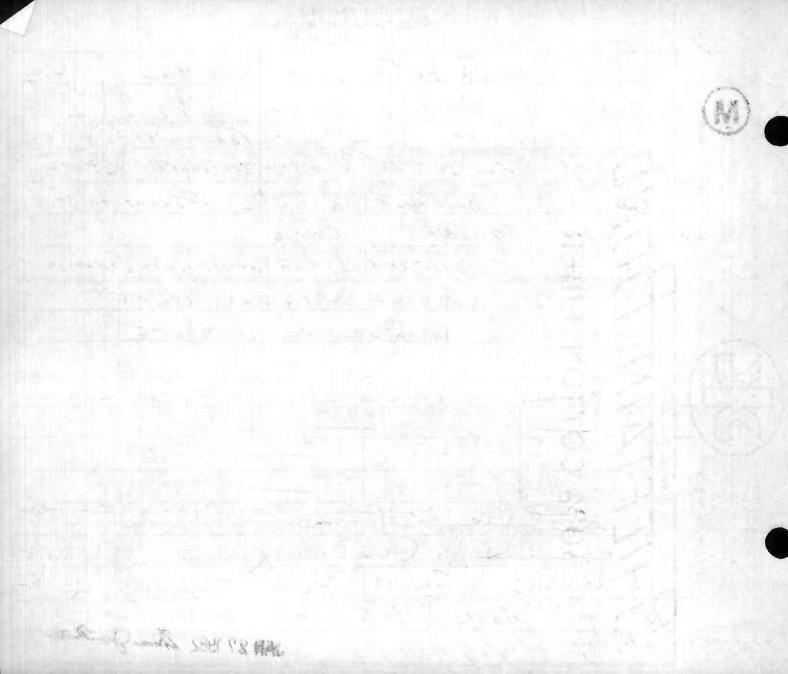
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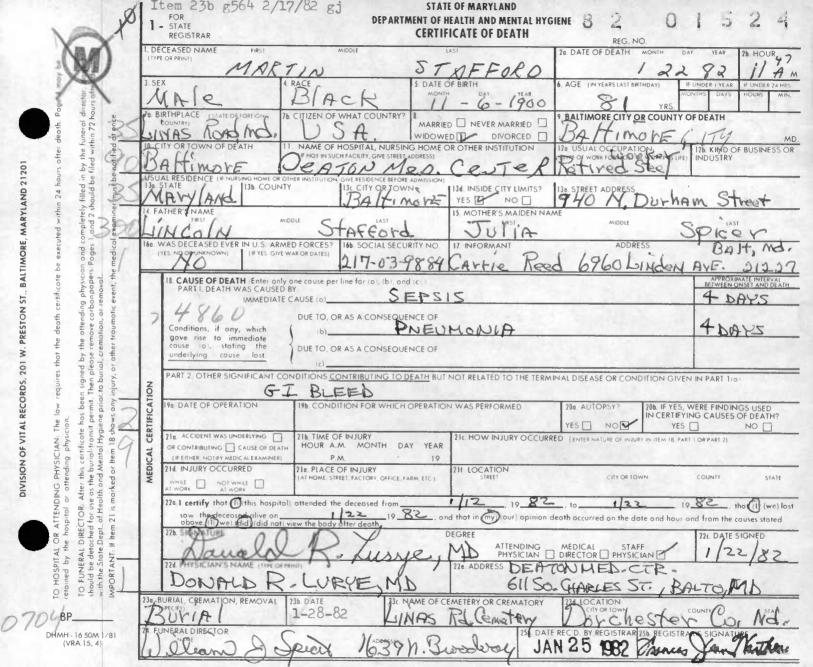
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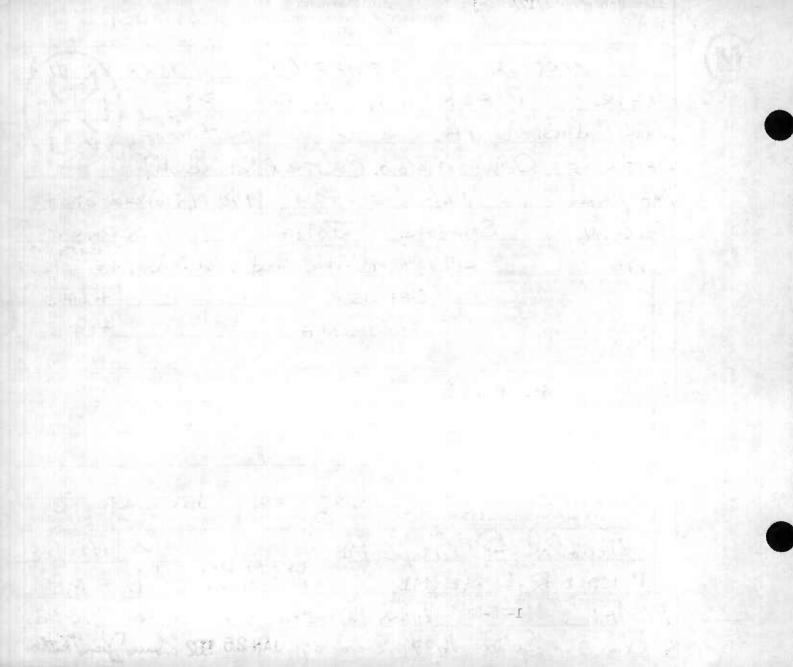
STATE OF MARYLAND



0 1		STATE OF MAKTLAND	
2	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 0 1 5 2 3
/	DECEASED NAME FIRST	MIDDLE	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
	TYPE OR BRINITS		1 -1
	,)	OSEPH BNO SQUITE	1-26-82
3.	SEX	4. RACE 5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	NIALE	BLACK 3 27 12	(0 9 YRS.
70	BIRTHPLACE (STATE OR FOREIGN	THE CITIZENI OF WHAT COUNTRY?	9 BALTIMORE CITY OR COUNTY OF DEATH
20	COUNTRY) NC	MARRIED WEVER MARRIED	BALTIMOLD CTY
1	CITY OR TOWN OF DEATH	WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINESS O
34	BOLTIMUNE	(IF NO IN SUCH FACILITY GIVE STREET ADDRESS) 9 / JULY 1871	THOU WORLD REMOST OF WORKING LIFE) INDUSTRY
2 U	Ba. STATE 13b COI		130 STREET ADDRESS
-00	N. O.	15 MOTHER'S MAIDEN NA	161
14.	FATHER'S NAME	The state of the s	AME LAST
327	NOHN	MDDISQUING CONA	
8 16	a. WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS
99 /	(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES) 216-10-3204 Pauline	THOMAS 1507 n Sacarega S.
3 =			
-	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	anly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
No.		SED BY: IATE CAUSE (a) CARDIO - RESPIRA	TORY ARREST
¥ .	5754	DUE TO OR AS A CONSCIUENCE OF	
OILLO	Canditians, if any, which	1 LEPATO RENAL	SYNDROME
170	gave rise to immediate	(b)	
2	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
0	S. C.	(c)	
8		T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	
injui 3	RENB	IL INSUFFICIENCY;	Z.H.F; CIRRHOSIS.
100	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED
17	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		YES NO YES NO NO
8 4 -	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)
2 - 17 / 1 / 1	OR CONTRIBUTING CAUSE OF	THE THE PARTY OF T	TEMPER MAINTEN TO THE OF THE OWN THE O
1/1	(IF EITHER, NOTIFY MEDICAL EXAMIN		
	(IF EITHER, NOTIFY MEDICAL EXAMIN	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216. LOCATION STREET	CITY OR TOWN COUNTY STATE
8	WHILE NOT WHILE AT WORK	AT HOME, STATE I, FACTORY, OFFICE, FARM, ETC.	
kedor		spital) attended the deceased from 155, 198	2 to 1/26 19 5 7 that time by
morked or	274 anytime that Williams has		
tepim and M		an 1/20 19 24 and that in town agining	a death accurred on the date and have and from the causes stated
21 is marked or	saw the deceased alive above, (17 we) (212) (did	nat) view the bady after death.	
Item 21 is marked on	saw the deceased alive	nat) view the bady after death. DEGREE	n death accurred an the date and have and from the causes stated
If them 21 is morked	saw the deceased alive above, (17 we) (212) (did	nat) view the body after death. DEGREE ATTENDING	22c. DATE SIGNED
ANT: If them 21 is marked	saw the deceased alive above, (17 we) (212) (did	nat) view the body after death. DEGREE PHYSICIAN PHYSICIAN	/ MEDICAL STAFF
ANT: If them 21 is micrised	saw the deceased alive obave, A (we) (did 22b. SIGNAJURE)	nat) view the body after death. DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	/ MEDICAL STAFF
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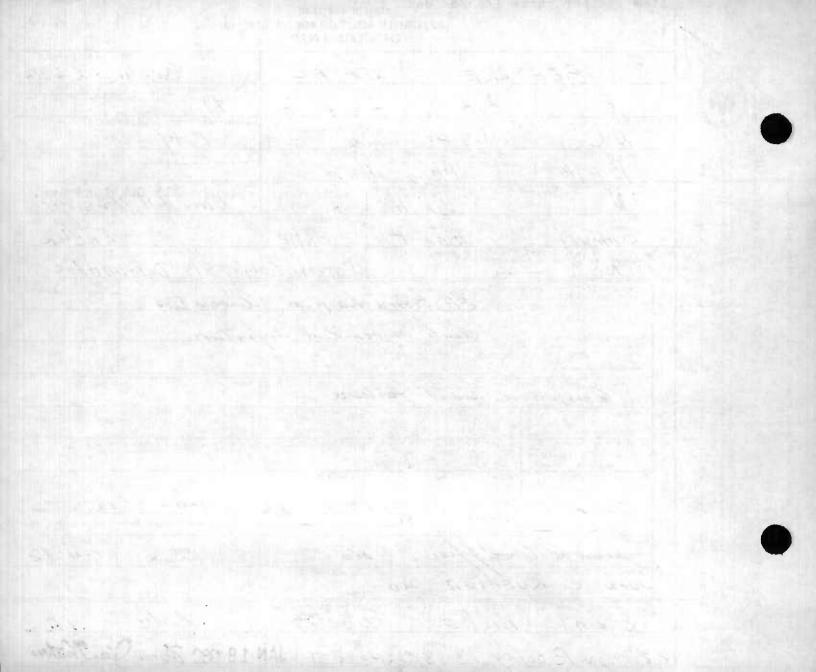
STATE OF MARYLAND

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		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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ECORD ow requirements from the prior to ony injuly	CERTIFICATION	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\cap \) NO \(\cap \)
SION OF VITAL R PHYSICIAN: The I ending physicion. His certificione has the buiol-transit per and Mental Hygiene d or frem 18 shows		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJURY II	
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SR ATTENDI to hospital or DIRECTOR: A ched for use hed for use hed for use hed for use hed for use hed for use		sow the deceased alive an	nitol) ottended the deceosed from	DEGREE ATTENDING	death occurred on the date	and hour and from the couses stated 22c. DATE SIGNED
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DHMH - 16 50M 7/77 (VR A 15 (4))	24 F	UNERAL DIRECTOR	ADDRESS ADDRESS		E REC'D. BY REGISTRAR 251	REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 5 2 5



1	11-	FOR STATE REGISTRAR			AARYLAND I AND MENTAL HYD CERTIFICATE OF I	DEATH	0 1	5 2	7
2	1. DE	CEASED NAME FIRST	WIDDLE		LAST	20. DATE KNOWN OF ESTI-			26. HOUR
RECTOR RECTOR FILES HOUR STREET	3, SE)			6. AGE (IN YEARS IF UN LAST BIRTHDAY) MONT			MONTH DA	AY YEAR	2d HOUR 9:20
	7a-BI	rthplace (State or REIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	MARR		9. BALTIMORE CIT			рм
DELAY IS NE TO THE FUR A PAGE 5 R BE FILED A		TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NUR: (IF NOT IN SUCH FACILITY, GIVE STR Sinai Hospit	REET ADDRESS)		Baltimor Baltimor Bor Most of Working Life Bor Decision	(TYPE OF WORK 12b	KIND OF BU OR INDUSTE	SINESS
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DRE, MD.	14. F/	ATHER'S NAME	MIDDLE TOTAL	don	15. MOTHER'S MAIDEN N	NAME MIDDLE	M	LAST	
BALTIMOR S. AFTER DE GIVE PAGI TITH FORCES 1 PA IVISION OF	16a. V (Y	VAS DECEASED EVER IN U.S. AR ES. NO. OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166. SOCI	AL SECURITY NO.	Marie or	dan 395	2. W. Nor	themi	Key
: 5 € ≯ - 0		18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	TE CAUSE (a) Cerebr	ovascular	acci dent		В	APPROXIMATE ETWEEN ONSET	
. PRESTON ST WITHIN 24 HOI VCIL IN ITEM 11 INER ALONG RANSIT PERMITAL HYGIENE, R REMOVAL.		Conditions, if any, which gave rise to immediate							9.1
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VITAL RESPONDE SHOULD WORD "PER A PER E A PER A	CERTIFICATION	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY					YES XX	NO 🗆
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EXAMINER: 1 CERTIFICATE, JUD BE FORV DIRECTOR DIRECTOR () MARYLAND, ()			ge of the emoins described abovered causes K	e, held an Autap		, Inquiry ,	and in my apiniar	n	
TAL EXAMPLE CERTIFICATION OF THE CERTIFICATION OF T		ACTUAL SIGNATURE	wowark 9	not	TITLE (SPECIFY) p. Deputy Chic	MEDICAL EXAMINER	DATE SIGNED_	1/19/8	32
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD" PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	-	(TYPE OR PRINT)	omas D. Smith,		ADDRESS		Ito., Md.		
27/9 BP	17	URIAL, CREMATION, REMOVAL	1-22-82 W	STVIEW I	Nem. PK	Zd. LOCATION CIBORTOWN D. BY REGISTRAR 256. F	COUNTY CO		ATE
DHMH-17 (VRA15 ME (5))	C	atvin B. Scri	1995 ADDRES /12 1	F. Preston	St. JAN 2		res Van	Wathe	N

A STANDARD CONTRACTOR OF THE STANDARD CONTRACTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN KX MONTH 2b. HOUR TYPE OR PRINT) ESTI-Milton Stanley Staub Jr. DEATH MATED 19 82 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR 2d. HOUR LAST BIRTHDAY) PRONOUNCED 24,1920 Dec. 61 19 82 12:04 male white DEAD YRS 7g. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED USA DIVORCEDXX Baltimore City WIDOWED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 ? SHOULD BE FILED, \ 5 201 W O. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTR Painter-Md. Training School OR INDUSTRY Baltimore Union Memorial Hospital RECORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13. STREET ADDRESS 4608 Renwick Avenue 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Md. Baltimore YES X NO [VITAL I 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, M PM Stanley MIDDLE MIDDLE T. PAGES I AND DIVISION OF VIT LAST M. Staub Sarah Sr. Harner 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) Mrs. Patricia L. Hoover 2310 Aguila's yes 168-14-3085 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), APPROXIMATE INTERVAL A BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Hypertensive cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION ASI FORWARDED TO ITE.

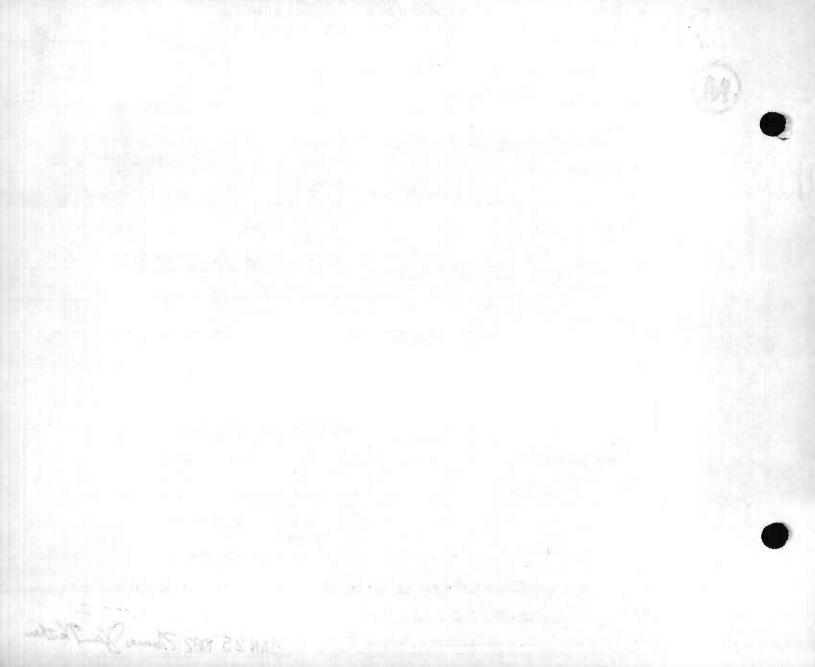
CTOR: PAGE 3 SHOULD BE USED.

CTATE DEPARTMENT OF HEAR

CTATE DEPARTMENT OF HEAR

TO BURBAL

OF THE DEPARTMENT OF THE D 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 21a EXTERNAL CAUSE WAS 216. TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 218 PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK STREET CITY OF TOWN COUNTY STATE GE 4 SHOULD BE FOR FUNERAL DIRECTOR: 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection death resulted fram: Accident Natural causes Suicide Hamicide Undetermined manne TITLE (SPECIFY) PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, M ACTUAL ssistant DATE 1/24/82 SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 111 Penn Street Balto MD 21201 Korell M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial Meadowridge Memorial Dorsey 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAL SIGNA **DHMH-17** Leonard J. Ruck Inc. Baltimore, Maryland VR A15 ME (5)) 15M 2/80



0	1	FOR - STATE REGISTRAR		DEPARTM	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	1529	1
(M)		CEASED NAME FIRST		MIDDLE	l	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
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ge 4 m ector, p urs ofter	3. SE	remale	4. RACE Cauca	sian		22, 1978 AR	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	MONTHS DAYS HOURS	HRS MIN.
nerol di n 72 ha		IRTHPLACE (STATE OF FOREIGN		S.A.	MARRIEI WIDOWE	DI DIVORCED	Baltimore (MD.
hours offer d d in bythe fu be filed with	I	Baltimore	(IF NOT IN S	UCH FACILITY, GIVE STREET	G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	175 KIND OF BUSINESS	
22 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	130.		ROTHER INSTITUTION NTY USta	136. CITY OR TOWN Stauton	N	13d INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS 924 Nelson St.		
and completely in a second sec	X	Yitbûr ^{me} XXXXXXX C. Stee		LAST		15 MOTHER'S MAIDEN NAI Florence C.	Tucker MIDDLE	EAST	
Program	- 0	VAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES)	227-17-6		17 INFORMANT Eleanor Mac(ADDRESS Queen, John Hopk		
Ing physician of gooders Por removal		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse p	er line far (a), (b), and	(c).)		failure	BETWEEN ONSET AND DE	λTH_
ires that the death gned by the attend n please remove ca bural, tremation, is	7	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, ((c)_	OR AS A CONSEQUE OR AS A CONSEQUE	NCE OF hyp	espiratery Ilinemia Prammone	NAL DISEASE OR CONDITION G	3 1/2 year 5 day	
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certificate h rial-transit entol-Hygie Item 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONTH DA	Y YEAR	216 HOW INJURY OCCURR	RED (ENTER MATURE OF INJURY IN ITEM 18		
s the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY TREET, FACTORY, OFFICE, FA	IRM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	ŧ
y the hospital of RAL DIRECTOR. Al detached for use of tate Dept of Healt VI: If them 21 is ma		270. I certify that (I) (this hosp sow the deceased glive an above, (I) (we) (did) did no 27b. SIGNATURE				d that in (my) (au) apinian of EGREE ATTENDING PHYSICIAN	deoth accurred an the date and ha	, 19, that (I) (we) our and fram the couses stated 22c. DATE SIGNED	
TO FUNERAL should be det	22- 1	22d. PHYSICIAN'S NAME (TYPE C	chu	rtz		Tohn Hu	PKIN Hopital	e Baltima	M
BP	Z3a. I	BURIAL, CREMATION, REMOVAL	23b. DATE	/82 TH	ORNRO	SE CEMETERY	STAUNTON, AUG	USTATICO VA.STATE	
OHMH - 16 50M,1/B1 (VRA 15, 4)	Acres 6	MANA LOTESTO		DLAWN.MEM			D Y REC 9 8 7 256 04 4	MAR'S PIGNATURE	II.

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1/8/82 THORRESE CERETERY STAUKTH, AUGUSTA EQ VA.

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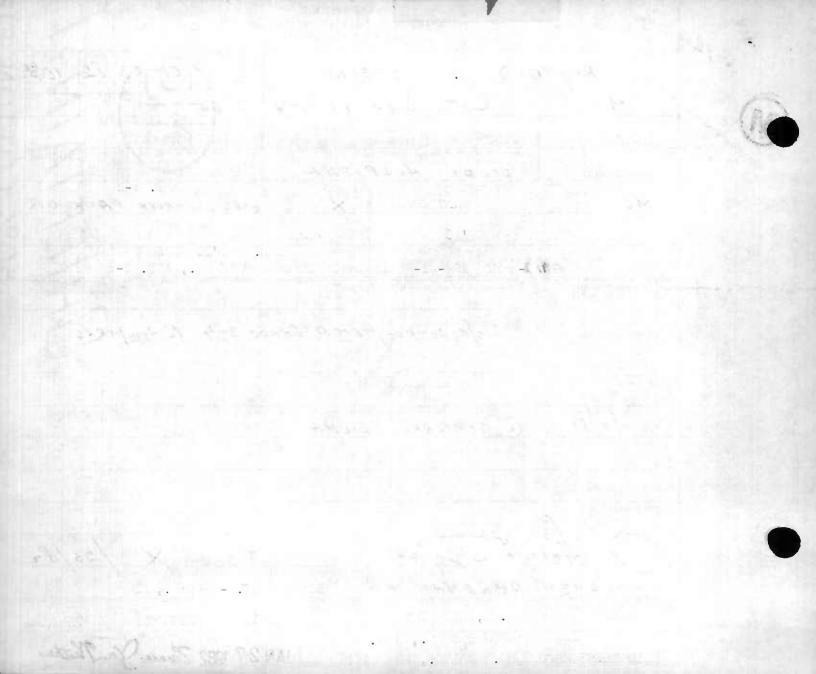
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4905 York Road

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE RESERVE OF THE PERSON OF T Filey Park yell 510 E. Filley Avs. Toring J. Edition of Manage 150 Et Ems. White Harard Fames, Filey Month,

STATE OF MARYLAND



WB. SCRUBES 15

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DAY

IF UNDER I YEAR

INDUSTRY

20b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?

COUNTY

22c. DATE SIGNED

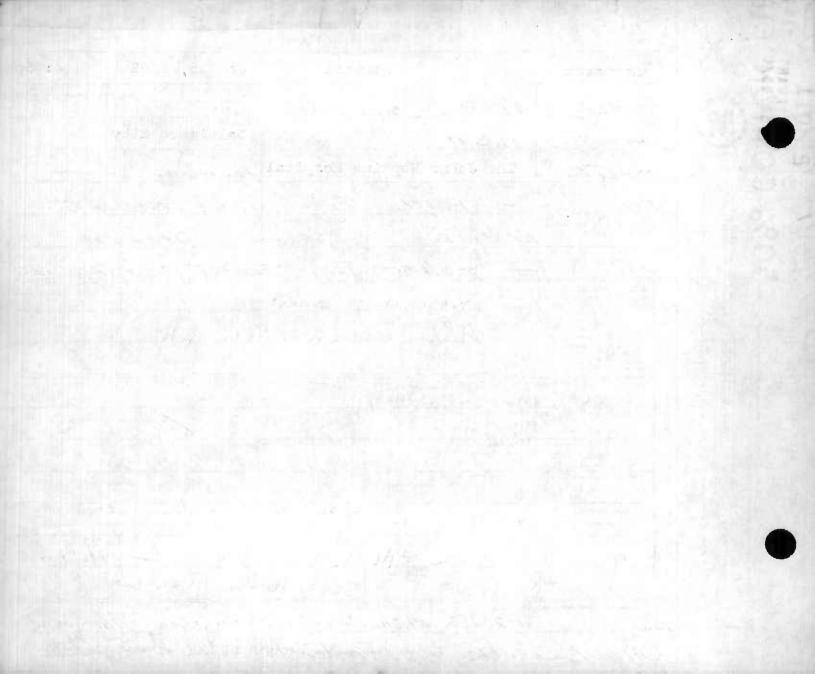
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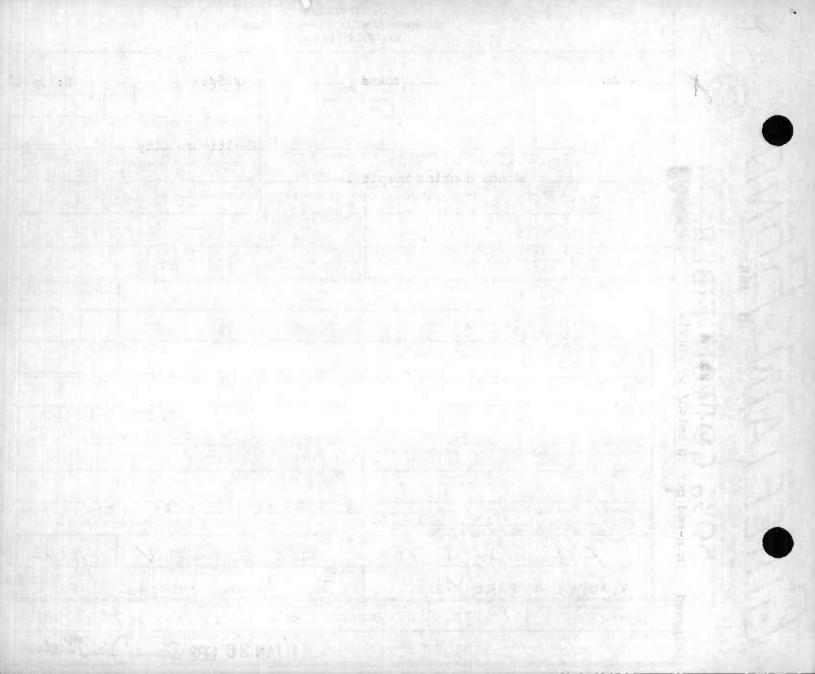
		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
		CEASED NAME	FIRST		MIDDLE		AST	26. DATE OF DEATH		AY YEAR	2b HOUR
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	. SE)			RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HR
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5_7		OUNTRY)	REIGN 76.	CITIZENOF	WHAT COUN	TRY? 8	D NEVER MARRIED	9. BALTIMORE CITY		OF DEATH	
5		Maryland		U.S	.A.	WIDOWE			RE CIT	Y	
1,1	10 CI	TY OR TOWN OF DEAT	H 11		HOSPITAL, NU		OR OTHER INSTITUTION	126 USUAL OCCUPAT	OF WORKING LIFE!	126. KIND C	OF BUSINESS O
=7		ALTIMORE				RIAL HOS	PITAL	Office Me	gr.	Const	ruction
35	13a. S M 8	ryland	36 COUNTY	FER INSTITUTION	13c CITY OR	BEFORE ADMISSION) TOWN Limore	134 INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 4512 Are	Balt abia Av	., Md.	21214
	4. FA	THER'S NAME	MID	DIE	LAST		15. MOTHER'S MAIDEN N	AME MIDDLE			
DC		George	7110		Stiely	per	Wilhe	mina	S	chilpp)
, 1		AS DECEASED EVER IN	U.S. ARME		166 SOCIAL	SECURITY NO.	17 INFORMANT Da	ughter: ADDR	ESS Balt	. Md.	21218
1		No	1 123, 0112 11	AR OR DATES;	212-05	9313	Carolyn Hya	tt 2120 Man			
F		18. CAUSE OF DEATH	(Enter only o	one cause pe	r line for (a), (b	o), and (c).)		March 1997		APPROX	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WA	S CAUSEĎ B MMEDIATE Ó		GI B	lead.					
		11.56	MAINTENATE						100		
	1	Conditions, if any,	ushish 4	DUE TO, O	RASA CONS	D DENCE OF					
		gove rise to imme	diote	(b)		Rung					
1		cause (a), stating underlying cause	the start	DUE TO, O	RAS A CONS		4 + 1			+ 30	
				(c)	? Tem		extentes				
	Z	PART 2 OTHER SIGNI	FICANT CO	ADITIONS C	ONTRIBUTING	O DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	ADITION GIVE	N IN PART I	a ·
	CERTIFICATION	19a. DATE OF OPERATION	ON	196 COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES,	WERE FINDI	NGS USED
7	딢							YES NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?
-	ERT	21g. ACCIDENT WAS UNDER	RLYING	21b. TIME C	OF INJURY		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJI		_	NO 🗌
_		OR CONTRIBUTING CA	USE OF DEATH	HOUR A	M. MONTH			TENTEN TONE OF 1141	and designed the		
1	MEDICAL	(IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE			OF INJURY	19	21f. LOCATION				
1	MEC			(AT HOME, ST	OF INJURY REET, FACTORY, OF	FICE, FARM. ETC.)	STREET	CITY OR TO	NWC	COUNTY	STATE
	1	AT WORK AT WORK	, U								
		220.1 certify that (1) (t				0-1					that (1) (we) le
	16	sow the deceased above, (I) (we) (dia	f alive on d) (did nat) v	iew the bady		19 <u>82</u> , ar	nd that in (my) (our) apinio	n death accurred on the a	late and hour	and fram the	couses stated
4		226. SIGNATURE	01-	- 1			DEGREE			22c. DATE	SIGNED
		Brian	N. K	alm.	M.D		ATTENDING PHYSICIAN	MEDICAL STA		1/2	58/0
			AE LTYPE OR PR	INT)			22e. ADDRESS	_ Parteron _ Title		/ -	1
		22d. PHYSICIAN'S NAM									
		22d. PHYSICIAN'S NAA					I NEW COLLEGE				
2		URIAL, CREMATION, RI		23b. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
1 2			EMOVAL		5 1982		EMETERY OR CREMATORY VIIGE Memori	CITY OR TOWAL	у	"Märy]	and STATE
Ľ	24. FU	URIAL, CREMATION, RI	EMOVAL	Jan 2	5 1982	Meadow	ridge Memori	al Dorse		-	-

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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8 2	1.	FOR STATE REGISTRAR			DEPAF	RTMENT OF H	OF MARYLA EALTH AND N ICATE OF D	MENTAL HYG	IENE 8	REG. NO.	0	1 5	3 4
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9	3 SE		4.	RACE		5. DATE C	FBIRTH	ENT	6 AGE IN YEAR		DAY) IF UP	NDER I YEAR	OURS MIN.
de de de de de de de de de de de de de d	18	Male		Bla	ack	MONTH	12	25	57		YRS.	MS DAYS F	OURS MIN.
eoth. Po		IRTHPLACE (STATE OR F	FOREIGN 71	CITIZEN OF W	THAT COUNTR	MARRIEI WIDOWE	D NEVER M	ARRIED D	9 BALTIMORE		COUNTY OF	DEATH	MD.
on softer d		altimore	ATH 1	I. NAME OF HO	FACILITY, GIVE STR	REET ADDRESS)		ITUTION	120. USUAL OC	CUPATIO	N 1	2b. KIND OF E NDUSTRY	BUSINESS OR
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours ysicion and completing tilled in a ypers. Pages and though the fill wol. tt, the medical examiner will be a	USO Us.	AL RESIDENCE (IF NURS STATE MD	13b COUNT	THER INSTITUTION G	Baltin	FORE ADMISSION)	134. INSIDE CI	TY LIMITS?	13e. \$1744 AP	DRESS .	Lanva	le St	
MARYLA ed within mplettel	4. F	James	M	A.	Stok	es	15 MOTHER'S Li	MAIDEN NA		MIDDLE	9-	Hurt	
IMORE, be execut to on ond co. Poges	160	WAS DECEASED EVER	IN U.S. ARM	ED FORCES? 1	66 SOCIAL SE 225-24	-9190	17 INFORMAI Alber		kes 14	ADDRES		vale S	St.
- E a O A		PART I. DEATH W	H (Enter anly 'AS CAUSED IMMEDIATE	BY: CAUSE (o)	ne far (a), (b),	CARDI	9C A1	RREST				APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
hot the de by the off gase rend of the company of t		Conditions, if ony, gove rise to imm couse (o), statin underlying cause	nediote g the	(b)	as a consec	DUENCE OF						194	
RDS, 201		PART 2 OTHER SIGN	NIFICANT CO	NDITIONS <u>COM</u>	NTRIBUTING T	O DE ATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE C	OR CONDI	TION GIVEN I	N PART 1(a)	
AL RECO	CERTIFICATION	190. DATE OF OPERA	TION	196 CONDITI	ON FOR WHI	CH OPERATIO	WAS PERFOR	RMED	200 AUTOPS	10 N	20b. IF YES, WE IN CERTIFYING YES	G CAUSES OF	S USED F DEATH? NO
JOF VIT.	2	210. ACCIDENT WAS UND OR CONTRIBUTING (IF FITHER NOTIFY MEDIC	CAUSE OF DEATH	21b. TIME OF HOUR A.M P.M	MONTH	DAY YEAR	21c. HOW IN	JURY OCCURE	RED (ENTERNATUR	E OF INJURY	IN ITEM IB, PART)	OR PART 2)	
NG PHYSOP of ter this os the burner of the ond M. orked or the burner of the orked or the order or the orked or the orked or the orked or the orked or the order	MEDICAL	21d. INJURY OCCURE WHITE NOT WH AT WORK AT WO		21e PLACE OF	F INJURY ET, FACTORY, OFFIC	CE, FARM. ETC)	21f. LOCATIO STREET	N		CITY OR TOWN	٩	COUNTY	STATE
DR ATTENDO hospital or DIRECTOR: A ched for use lept: of Heal	Dall'-HOLL	226. I certify that (I) sow the decease above, (I) (we) (c				\$2,00	DEGREE		deoth occurred c		and hour one		
PHT.	7	22d. PHYSICIAN'S NA	-		CH	MI)		TTENDING PHYSICIAN [MEDICAL DIRECTOR	IN	IN (B)	1/2.	5/82
TO HOSI		VLADIN	11R 3	VESKO	MD	11.)01	this H	OPKINS	Host	PITAL		
909 BP	230	BURIAL, CREMATION,	REMOVAL	1/29/8			teran	Cem.		wnsv	'ille°		MD
DHMH- 16 30M 2/80 (VRA 15, 4)	23	uneral director	cch F	/H 110	01 ÉDRES	North	Ave.	250. DAT	N 2.6 10	SISTRAR 25	B REGISTRAR	SSIGNATUR	erthen.



		1.	FOR	DF		TE OF MARYLAND HEALTH AND MENTAL HYG	IENE 8 2	0 1 5 3 5
0	BA	L	- STATE REGISTRAR			FICATE OF DEATH	REG. NO.	
9		I. DE	CEASED NAME FIRST FOR PRINT)	MIDDLE S	sto	Stover	20. DATE OF DEATH MONTH	BI BZ 33 M
	rector progression	3. SE	× Male	4. RACE Whit	MON1	ch 31, 1898	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
deoth. Po	un 72 hou		IRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76. CITIZEN OF WHAT COU	NTRY? 8. MARRII WIDOW	DED DIVORCED	9 BALTIMORE CITY OR COUNTY Baltimor	NTY OF DEATH
201 rs ofter o	by the fu		Baltimore	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GIV GOOD Sama)	e street address)		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Engineer	126. KIND OF BUSINESS OR
AND 212	nould be must be		AL RESIDENCE (IF NURSING HOME O STATE 13b. COUI aryland	100. 01110	E BEFORE ADMISSION) R TOWN LMOTE	13d. INSIDE CITY LIMITS? YES NO		lt., Md. 21214
MARYLAND red within 24	ond 2 sh ond 2 sh	14. F/	John		over	15. MOTHER'S MAIDEN NAME FIRST Carrie	ME	Fox
BALTIMORE,	Poges 1		NAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GY	VE WAR OR DATES)	L SECURITY NO. -12-3833	17. INFORMANT W11 Anna E. Stove	e: ADDRESS Be	alt., Md. 21214
DS, 201 W. PRESTON ST.	signed by the ottending physics hen please remove carbon paper to busial_cremation, ar removal. jury, or other traumatic event, th	N	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	TE CAUSE (0)	SEQUENCE OF	gorgene Uni M	NAL DISEASE OR CONDITION OF	GIVEN IN PART I(o)
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir	certificate has been uniol-transit permit. I sental Hygiene prior.) Item 18 shows any in	MEDICAL CERTIFICATION	190. DATE OF OPERATION 126 22 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONT	Serie	terembers	200 AUTOPSY? YES NOTED NOTED (ENTER NATURE OF INJURY IN ITEM I	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO 8
B ATTENDING PHY	CTOR: After this of for use as the but tool Health and M. n. 21 is marked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (this hospi sow the deceased alive an above (1) (we) (did) (did not bove (1) (did) (did) (did not bove (1) (did) (did not bove (1) (did) (did not bove (110.	Irom	211 LOCATION STREET 2.6 . 19 B and that in (my) (our) opinion d	CITY OR TOWN	. 19
O HOSPITAL OR etoined by the ho	TO FUNERAL DIRECTOR Should be detoched with the Stote Dept.		22d. PHYSICIAN'S NAME, TYPE C	Anua med Al	Mous,	DEGREE ATTENDING PHYSICIAN 226. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN &	1/31/82 1/31/82
	E 50 3 ≧	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE Feb 3 1982		EMETERY OR CREMATORY Church Cem.	23d. LOCATION CHYORTOWN York	COUNTY STATE
70 BP.	30M 2/B0	24. FU	JNERAL DIRECTOR	1202	Quicke.		REC'D. BY REGISTRAR 25b. REG	Penna.
	15, 4)		Leonard J. Ruck	Tno.	Ress Himore	Wa FFI	R 1 1000 2	0 21-0

Note administrate to the contract of the contr .E.E.C remra And ferrogen on France book amounting THE SAME SERVICE SERVICES 51818 .HE .. 31818 A TIS-12-363, Aug. E. Sterner -3023 Overstand Swe. In Sali Calleb E 1982 Ligari United Co. Called Jeans.

	252		FOR	WEEK!	DER SEE	DEPARTA		E OF MARYLAND LEALTH AND MENTA	HYGIENE	8 2	0	1 5	3 6
)		STATE REGISTRAR					ICATE OF DEATH			10		
-	\$		EASED NAME	FIRST		MIDDLE	l.	AST	2a. C	REG. N		AY YEAR	26 HOUR
e e e e e e e e e e e e e e e e e e e	C.	(TYPE C	R PRINT)	ymon	Б	L S	Stric	kler		01 04	82		9:11
Ď	2	. SEX	2.0		RACE		5. DATE C	OF BIRTH		E (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 H
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9			DUNTRY)		U.S	.A.	WIDOWE	D NEVER MARRIED		Baltim	ore C	179	
	3 - 3		Y OR TOWN OF DEATH	н 1	1. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	N 12a	JSUAL OCCUPAT	ION	17b. KIND O	F BUSINESS
ed de		Ba	ltimore	1		Hopkins		mital		of work for most			Stee
			RESIDENCE (IENURS NI	G HOME OR C	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				CI	1 Decin.	Deec.
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ne su	1	No. of Concession, Name of Street, or other Persons, Name of Street, or ot	HER'S NAME					15. MOTHER'S MAIDE			I Comon	C Model	
ED 53			Alfred		IDDLE E	Strick	ler	Levada		MIDDLE		Poste	waito
	1	6a W/	AS DECEASED EVER IN			16b. SOCIAL SECU		17. INFORMANT	a	ADDR	ESS 7725		
ogo de	2	NO	S, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	213-07-8	2122	Helen E.	Ctric			o. MD	21222
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pop nova ent,			8. CAUSE OF DEATH PART I. DEATH WAS	S CAUSED	BY.	line for (a), (b), and	Po	spiratol	, FAII	105		DETWEEN O	
rban r ren ic ev			491	MMEDIATE	CAUSE (a)		N.C.					-37	CAS
o ca			1/60	111	DUE TO, OI	R AS A CONSEQUE	NCE OF	CHLONIC	ales	for D	5-35	di	100
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- × -	2	ATION	90. DATE OF OPERATION	NC	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		a AUTOPSY?	20b. IF YES,	WERE FINDIN	
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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1 1 1 Po //	10 CI	TY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
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ND 212	USU/ 13a. S	A RESIDENCE (IF NURSING HOME OR TATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) UTY 130. CITY OR TOWN 13d. INSIDE CITY LIMITS? 130. STREET ADDRESS PROPERTY OF THE PROPERT	ITON AVE
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MORE of the control o	()	ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 220-30-3931	
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PRESTON ST		4140		
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RECORDS.	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES,	WERE FINDINGS USED
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DIVG or of or of se os t ealth a			tal) ottended the deceased from, 19_82., 1a, 19	82 that (I) (we) last
7 - ~ > = ~		saw the deceased alive an	190 - and that in (my) (our) opinion death occurred on the date and hour	
R ATTER hospito IRECTOI hed for ept. of h		above, (1) (we) (did) (did no 22b. SIGNATURE	t) view the body after death. DEGREE	22c. DATE SIGNED
0 0 0 0 0		han	ATTENDING MEDICAL STAFF	1/13/82
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(10)	24 FL	INERAL DIRECTOR	1/18/82 Virtutos Me vn layk	S SIGNORE
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	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE O Z.	1 1 3 4 3
1/		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
V		CEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
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	3. SE		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	I UNDER I YEAR IF UNDER 24 HRS
	3. SE.	ha	I A	MONTH DAY YEAR	6. AGE (IN TEARS LAST BIRTHDAT)	MONTHS DAYS HOURS MIN.
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E =		226 SIGNATURE	- 1	DEGREE		22c DATE SIGNED
*		Ames Tunks M.D. ATTENDING MEDICAL STAFF JAN 19, 452				
Z	1	22d. PHYS/QIAN'S NAME (TYPE OR PRINT) 220. ADDRESS				
IMPORTANT: H		Man -	F. TAYLOR	ST Ar	re Haran	-11
ž I	-	L JAMES	E. 14468	1 -1,71670	LES HOSTI	110
	230. E	SURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY 11 17 STATE
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